

SUBCHAPTER a: SERVICE DELIVERY

**PROCEDURES 305
CLIENT SERVICE PLANNING**

January 1, 1997 - P.T. 97.3

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- // Appendix I Instructions for Conducting a Relative Permanency Assessment
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Section 305.10 Purpose

Section 305.20 Definitions

== **"Abandonment"**

"Administrative case review" means a case review convened by a case review administrator and open to the participation of the parents.

"Children for whom the Department is legally responsible" includes:

- o children whom the Department has temporary protective custody as authorized by The Abused and Neglected Child Reporting Act;
- o children for whom the Department has been appointed legal custodian or guardian by order of a Juvenile Court;
- o children whose parent(s) have signed an adoptive surrender; or
- o children for whom the Department has temporary custody via a voluntary placement agreement.

== **"Department client"**

== **"Desertion"**

== **"Discharge planning"**

"Living Circumstances" means income, shelter, utility services, food, clothing, furniture, other subsistence needs, or any other feature of the physical environment that DCFS deems relevant to the issue of whether a child should be retained in or returned to the custody of a parent.

"Minimum parenting standards" means that a parent or other person responsible for the child's welfare sees that the child is fed, clothed appropriately for the weather conditions, provided with adequate shelter, protected from severe physical, mental and emotional harm, and provided with necessary medical care and education required by law. A parent who has abandoned a child, deserted a child for three months, or failed to demonstrate a reasonable degree of interest, concern, or responsibility as to the welfare of a newborn child for 30 days after birth is deemed to have failed to have met the minimum parenting standards. In addition, a parent who is addicted to alcohol or who is a drug addict, as defined in the Illinois Alcoholism and Other Drug Dependency

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Act (Ill. Rev. Stat. 1989, Ch. 111½, par. 635.1-3) and who has consistently failed to cooperate in a rehabilitation program for a period of at least twelve months is deemed to have failed to have met the minimum parenting standards unless the child's safety and well-being have been ensured despite the parent's addiction.

== **"Parents"**

== **"Permanency goal"**

== **"Permanent family placement"**

== **"Permanent legal status"**

"Regular six month review" or nonadministrative review is a case review conducted by a worker with the participation of the parent and/or child. A new service plan is completed as a result of the review.

"Service plan" is the IL-418 497 series of service planning forms and all attachments to it.

== **"Substitute care"**

== **"Termination of parental rights"**

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Section 305.60 Case Review System

a) Administrative Case Review Process

Every service case is subject to a case review within 45 days from the day a child entered substitute care and at least once every six months thereafter. However, payment/monitoring only cases are not subject to the Department's service planning requirements. Refer to **Procedures 304, Access to and Eligibility for Services, Appendix A**, for a full explanation of the types of payment/monitoring only cases.

// In a service case where there is one or more children in placement or one or more children still in the home, a completed **Child Endangerment Risk Assessment via the CFS 1441, Safety Determination Form**, must be completed before the Administrative Case Review is done. The following information must be documented in the narrative of the CFS 1441:

- o the conditions or behavior which continue to prevent return home, and
- o the continuous safety of all children still in the home.

Children living in foster family homes, relative homes which are licensed or approved as meeting licensing standards, group homes, or child care institutions (includes Herrick House and Department shelters), detention, correctional and mental or physical health related facilities are subject to an administrative case review. In addition to those children regularly scheduled for administrative case reviews, other children not usually subject to administrative case reviews may be reviewed at the direction of central office administration. All families and children who do not receive an administrative case review are subject to a six month case review conducted by the worker.

1) Receipt of the Monthly Roster

The Monthly Roster and **CFS 494, Reply Sheet to Monthly Roster**, are sent approximately six weeks before the time the administrative case review is due. A primary worker will be indicated on the Monthly Roster by the word "PRIMARY" printed next to the worker's name. The primary worker is the family worker if there is an open family case. If a family case is not open, the primary worker is the worker with the oldest child subject to an administrative case review (starred "*" child).

2) Reply of the Monthly Roster

The supervisor will verify that the worker indicated as primary is correct. If not, the supervisor will forward the monthly roster to the proper unit and call

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to advise the case review administrator's unit where the monthly roster was forwarded. The supervisor will distribute the **CFS 494** and the Monthly Roster to the correct primary worker.

The primary worker then:

- o contacts other workers who will be attending the review and obtains the information needed to complete the **CFS 494** and update the Monthly Roster;
- o corrects the information on the Monthly Roster as instructed on the **CFS 494**;
- o completes the **CFS 494**;
- o ensures that the names and addresses of all persons expected to attend the administrative case review are correct;
- o returns the Monthly Roster and the **CFS 494** to the supervisor;
- o files a copy of the **CFS 494** in the family case record.

The supervisor shall return the Monthly Roster and **CFS 494** to case review administrative staff within 10 working days.

3) **Determining Who Attends the Administrative Case Review and the Extent of Their Participation**

Refer to Appendix B for a full explanation of who may attend administrative case reviews and the segments they attend.

A) **Parents and Their Representatives**

Parents shall be urged to attend administrative case reviews. Parents who are violent can be excluded only with the direct consent of the Regional Administrator who will consult with the case review administrator when making this decision. If a parent is to be excluded from the administrative review, the worker is to document precisely why the parent is to be excluded and indicate the date the Regional Administrator's consent was obtained on the **CFS 492**.

If a putative father who has not acknowledged paternity or whose paternity has not been adjudicated requests that he not be notified of future administrative case reviews, he will no longer be asked to

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participate in the administrative case reviews and will not be sent a copy of the **CFS 497**. The worker is to document this discussion with the putative father on the **CFS 492**.

B) **Children**

The child's worker and supervisor decide whether the child should attend the administrative case review. If a child age 13 or over is excluded from the administrative case review, the worker shall document the reason the child was excluded on the **CFS 492, Case Entry**. Children ages 7 to 12 may participate in the review if the worker believes that the child can contribute to the review and benefit from attendance at the review.

C) **Foster Parents**

Foster parents or relative caretakers shall be invited to attend the administrative case review. While all foster parents or relative caretakers may be present for the child's segment of the review, only those who have successfully completed training prescribed by the Department concerning the case review process shall be allowed to attend other portions of the review subject to applicable confidentiality laws.

Case review administrative staff upon agreement with the private agency shall invite private agency foster parents to the administrative case review. In those instances where the Department does not invite the private agency foster parents, the private agency shall comply with the Department's policy regarding notification (See white page **Rules 305.60 (e)**).

D) **Purchase of Service Providers**

Private agency foster care workers or supervisors are required, by contract, to attend the administrative case review. Social workers in residential child care facilities are expected to attend or otherwise participate in administrative case reviews. Department staff are to get input from these facilities to help establish the target removal date of children from group home or institutional care. Regardless of whether workers from residential care facilities attend the administrative case review, they must forward a completed **CFS 497, Part III** and the child objectives written on a **CFS 497, Part II** to the worker before the case review.

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If the worker or supervisor from the provider agency does not attend, the DCFS worker and the case review administrator may decide to proceed with the administrative case review and to develop a service plan without the provider agency's assistance. The provider agency is expected to comply with the service plan developed in the review unless a regional staffing is requested within 10 working days of receipt of the service plan.

The DCFS worker and/or supervisor decide:

- o whether other purchase of service providers, such as homemakers, counselors, or advocates should be invited to attend the review; and
- o how extensive their participation will be in the review.

E) **Others Selected by Worker**

The worker may invite other persons to the review if the worker believes these persons can make a significant contribution to the review. These persons will be permitted to stay for the parents' segment of the review only if the parents agree to their presence. If the parents are not present at the review, only persons providing services to the parents shall be permitted to stay for the parents' segment of the administrative case review.

F) **Department Staff**

The administrative case reviewer, the Department worker or supervisor for the family, and the worker or supervisor for each of the children must be present before an administrative case review can be conducted. If these staff are unable to attend, the review will be rescheduled except as permitted by the following paragraph. However, staff are expected to make every reasonable effort to adjust their schedules to attend case reviews and to ensure that families are reviewed as a unit. Separate reviews of children from a single family group are not as effective and are not acceptable unless the family situation dictates that the cases should be reviewed separately. (For example, if parental rights have been terminated and the review is for purposes of planning the child's adoption, the child's case should be reviewed separately.)

If only the administrative case reviewer is absent and other parties such as parents, foster parents, etc. are in attendance on the review date, the

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worker and/or supervisor may proceed to establish a case plan with those parties. Parents will be advised that the administrative case review will be rescheduled and that they may attend this review if they so desire. All parties are to be notified if any change to the plan is made at the later review.

G) **Interpreters**

Sign language or foreign language interpreters may attend the administrative case review with persons who are hearing impaired or are limited/non-English speaking. The interpreter shall be informed that all information is confidential and is not to be disclosed. They shall only attend that portion of the review that the person for whom they are interpreting is entitled to attend. Refer to **Procedures 302.30** for further information regarding the use of interpreters.

4) **Notice of Administrative Case Review**

A) **Notice from the Administrative Case Reviewer's Unit**

The clerical unit for the case review administrator will send a **CFS 496, Notice of Case Review**, to the parents, the worker, the substitute care provider agency, and the Department supervised foster parents. This notice must be mailed at least 21 calendar days prior to the administrative case review except for initial 45 day case reviews. For the initial 45 day review, notice will be given in the most expeditious manner possible.

B) **Notice from the Worker**

The worker shall contact, either by phone or letter, any other persons who the worker believes should attend the review. This shall include the children 13 years of age or older in most instances, and may include counselors, homemakers, advocates, and other significant persons.

5) **Conflicts With the Administrative Case Review**

A) **Rescheduling the Date or Time**

Parents, children, and purchase of service providers are to contact the primary worker by the date specified on the **CFS 496** if there is a conflict with the date or time the administrative case review is scheduled. If the parents, children, or purchase of service provider contact the worker within the time specified on the form and have a

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good reason why they cannot attend, an attempt will be made to reschedule the administrative case review.

Good reasons to reschedule the administrative case review include but are not limited to:

- o the parent, child, or worker from private agency foster care, or a worker from a residential child care facility who chooses to attend, will be out of town for important business or personal reasons;
- o the private agency foster care worker or a worker from a residential child care facility who chooses to attend, must be in court when the administrative case review is scheduled; or
- o the parent, their spouse, or one of their children has a serious medical problem which requires surgery or other major medical treatment on the date the review is scheduled.
- o inability to have an interpreter present for hearing impaired or limited/non-English speaking persons.

There may be other good reasons. However, parents and children are expected to arrange their work and school schedules so that they can attend administrative case reviews in the same manner that staff are expected to arrange their schedules, whenever possible, to attend the review.

If the worker and supervisor agree that there is a good reason to reschedule the administrative case review, the worker shall notify the case review administrator's unit of the conflict and request that it be rescheduled. If possible, the unit will reschedule the administrative case review and send another **CFS 496** notifying all participants of the changed time and/or date at least 14 days prior to the rescheduled administrative case review.

B) **Transportation to Attend Administrative Case Reviews**

Workers are to try to resolve transportation or other problems which may make it difficult for parents and children to attend the administrative case review. Workers are to first explore the use of relatives, friends of the family, and unpaid volunteers. Once these resources have been exhausted, if the parents and/or children will be unable to attend the review if transportation is not provided or if the

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cost of transportation would cause the family undue hardship, the most reasonable means of transportation will be paid for with the direct written consent of the Regional Administrator. This is to be paid from Children's Personal and Physical Maintenance. Refer to yellow page **Procedures 359.7, Children's Personal and Physical Maintenance.**

6) **Preparing for the Administrative Case Review**

The worker is to complete a draft of the **CFS 497** for discussion at the case review. The worker shall update eligibility information, as required, and review the case record to make sure it is complete and up to date. The worker shall also ensure that an absent parent search is conducted and documented per yellow page **Procedures 302.385, Services to Meet Basic Needs**, if the whereabouts of the parents are not currently known and the permanency goal for the child is return home.

7) **Attending the Administrative Case Review**

If the worker is unable to attend the administrative case review, the supervisor shall attend the review.

A) **What Should Be Brought To The Administrative Case Review**

Workers are to bring the **CFS 497** series for the currently ending period, a draft **CFS 497** series for the upcoming period, the case record and any reports, facts, case record information pertinent to the review, and the foster parent and child questionnaires.

B) **Segments of the Administrative Case Review**

To help facilitate the administrative case review process, it has been divided into segments. Refer to **Appendix B** of these procedures for an explanation of these segments. These segments are only a guide to help structure the case review.

8) **Missing the Administrative Case Review**

If the parents do not attend the administrative case review, the worker shall provide the parents a copy of the service plan formulated during the administrative case review. If possible, the service plan shall be explained to the parents and the parents' cooperation sought. In addition, the worker shall send the parents a **CFS 495a, Notice of Missed Case Review**. If the worker does not believe the **CFS 495a** is appropriate for the case situation, an alternative letter may be sent with supervisory approval. A copy of the **CFS**

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495a or letter shall be filed in the case record. Other participants, such as the child, foster parents, who are unable to attend the administrative case review, shall be sent a copy of the service plan.

b) **Six Month (Nonadministrative) Case Review**

Cases which are not subject to an administrative case review are subject to a nonadministrative case review conducted by the worker. These reviews are held at least once every six months. In most instances, the review will be held at the client's residence. The following types of cases are subject to a six month case review:

- o intact families;
- o children in independent living arrangements;
- o children in any other placement which is not subject to an administrative case review (such as in the armed services or college).

1) **Preparation for the Case Review**

Before the non administrative case review, the worker shall:

- A. inform the parent that during their next contact the worker will review the current service plan,
- B. complete a case entry summary as required by **AP #5, Uniform Recording Requirements, Appendix B**, in order to summarize significant developments in the case,
- C. complete a draft **CFS 497** for discussion with the family and shall gather information from purchase of service providers, schools, counselors, physicians, or other persons who have information relating to the case,
- // D. complete a **Child Endangerment Risk Assessment via the CFS 1441, Safety Determination Form**, and
- E. update all eligibility information and review the case record to ensure that it is complete and current.

2) **Discussion During the Case Review**

During the case review, the worker and/or supervisor shall discuss the following areas with the child and/or family:

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- o whether there was progress toward achieving the objectives in the previous service plan and resolving the problems identified in the **CFS 497, Part I**;
- o whether any barriers had prevented the achievement of those objectives and how those barriers can be reduced;
- o whether the services are appropriate and what additional services may be needed to move toward the permanency goal;
- o whether the permanency goal has been achieved and/or whether it continues to be appropriate;
- o what objectives should be established for the next six months; and
- o if the child or family had not substantially complied with the service plan, what alternatives should be considered.

3) **Missing The Case Review**

Workers are to review the service plan during a regular contact in the client's residence or, when feasible for the client, in the Department office. If the client was not at home when the case review was scheduled or did not come to the office as requested, this fact shall be noted on the **CFS 492, Case Entry**. The client shall be sent a **CFS 495, Notice of Missed Case Review**, warning that failure to cooperate with the next case review could result in a petition to the court or it could result in termination of services. If the worker believes other wording would be appropriate for the case, a different letter may be sent with supervisory approval. A copy of the **CFS 495** or letter shall be filed in the case record.

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Section 305.70 Roles and Responsibilities of the Administrative Case Reviewer

- a) The administrative case reviewer has the responsibility and authority to manage the case review process which includes:
 - 1) Excluding or limiting participation, as needed, to those with a right to share in the process, or excluding or limiting participation of any individual where necessary to ensure the achievement of the purposes of the review.
 - 2) Convening and conducting a review in such a way as to encourage discussion and participation while respecting the rights of all participants.
 - 3) Maintaining the focus of the group on the service plan with good time management.
 - 4) Advising clients and other participants of their rights and providing an explanation of the purposes of case planning and the review process.

- b) The administrative case reviewer shall ensure that the review is congruent with Department rules and procedures, good child welfare practice and in compliance with Public Law 96-272 and any consent decree affecting Department practice. This responsibility includes:
 - 1) Ensuring that the purposes of the Administrative Case Review are carried out.
 - 2) Determining that the goal and the evaluation of progress are consistent with the facts of the case as presented at the Administrative Case Review, that proposed objectives, time frames and tasks are appropriate for the goal, and amending or changing the case plan accordingly.

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June 1, 1995 - PT 95.14

Section 305.80 Decision Review

- a) A decision review is an informal meeting requested by the service provider, foster parents/relative caretaker or child's worker with supervisory approval to discuss disagreements they have with service plans that have been reviewed in an administrative case review.
- b) All requests for a decision review must be sent in writing within 5 working days of the decision to:

// Administrator of the Administrative Hearings Unit
Department of Children and Family Services
1 60 North LaSalle Street
Chicago, Illinois 60601

- c) The decision review conference which must be held within 10 days of the receipt of the request, may be an in-person meeting, or telephone conference call. The person conducting the decision review shall not be a person who was involved in the administrative case review, including the administrative case reviewer's supervisor.
- // Participants in the decision review will include the administrative case reviewer who conducted the review, the person conducting the decision review, the worker and the persons who are requesting the decision review. The decision made by the person appointed by the Director within 10 days of the conference will be final.
- d) Except when the issue being reviewed affects compliance with a court order, implementation will be delayed until the decision review conference is held.
- e) If changes to the service plan are required by the decision review, the worker shall amend the **CFS 497** and send copies of the change to all those who are entitled to a copy of the service plan.

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Section 305.90 Family-Child Visiting (Repealed)

Procedures for Family-Child Visiting have been transferred to **Procedures 301.210.**

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Section 305.110 Termination of Parental Rights

a) The Legal Screening Committee

A Legal Screening Committee has been established in each region to provide legal screening for cases where involuntary termination of parental rights is under consideration. The primary functions of the Legal Screening Committee are to determine if the case is appropriate for involuntary termination and to determine if there is sufficient documentation to proceed toward involuntary termination. The Legal Screening Committee also may be used as a resource to assist workers in determining what documentation is required for involuntary termination and what methods are to be followed in securing the documentation. The committee's membership shall include, but is not limited to, the Regional Counsel, the child's worker, and a representative from the Regional Adoption Unit. (In Cook County, the State's Attorney and the guardian ad litem are regular members of the Screening Committee.)

b) Assembling Documentation

When the worker determines that Substitute Care Pending Court Decision is an appropriate permanency goal for the child and voluntary termination of parental rights is not a viable option, the worker shall assemble documentation for involuntary termination and submit it to the Legal Screening Committee.

c) Sufficient Documentation

If the Legal Screening Committee determines there is sufficient documentation to seek a termination of parental rights (based on criteria established by the State's Attorney in the court of jurisdiction) a permanency goal of Substitute Care Pending Court Decision shall be established and a petition for termination requested.

d) Insufficient Documentation

If, following legal screening, the Legal Screening Committee indicates that additional documentation of a technical nature (e.g. proof of marriage, divorce, etc.) is needed before a petition for termination of parental rights can be sought, a permanency goal of Substitute Care Pending Court Decision can be established at that time. The Regional Counsel shall determine precisely what documentation is needed and advise the worker on appropriate methods for gathering the additional documentation. The worker shall have 90 days to act on the recommendations of the Legal Screening Committee. If the documentation can be obtained within 90 days, the worker shall once again present the case to the Legal Screening Committee for legal review. If the documentation cannot be obtained within 90 days, Substitute Care Pending Court Decision cannot be continued as a permanency goal for the child. A new permanency goal must be selected.

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X, Z, E-1

POLICY GUIDE 93.6

TIMELY FILING OF PETITIONS TO TERMINATE PARENTAL RIGHTS

DATE: August 1,1993
TO: Rule and Procedures Bookholders, Child Welfare Staff
FROM: Sterling M. Ryder

I. PURPOSE

In each case where it is necessary to free a child for purposes of adoption, the Department of Children and Family Services and private agencies which contract with DCFS will *take all steps within their control* to permit a petition to terminate parental rights to be filed within 75 days of the date on which adoption becomes the permanency goal for a child.

The Department established a reform panel to review the Department's permanency goals. The Permanency Goal Reform Panel is continuing its deliberations and is expected to make recommendations to the Department shortly. This Policy Guide provides interim instructions (pending receipt of final recommendations by the Permanency Goal Reform Panel or any subsequent revision to the current permanency goals set forth in Rules 305, Client Service Planning) on how to take steps to permit the timely filing of petitions for termination of parental rights.

II. PRIMARY USERS

The primary users of this Policy Guide are child welfare workers and adoption staff.

III. START OF THE 75-DAY CLOCK

The Department and private agencies contracting with the Department will *take all steps within their control* to permit the timely filing of petitions for

termination of parental rights within 75 days of the date it is determined that adoption is an appropriate goal. The 75-day clock will begin at the *earlier* of the following dates:

1. *The date a supervisor approves the change of a child's permanency goal to substitute care pending court action (08), even if the goal has not yet been changed;*
2. *The date the administrative case reviewer recommends the change of a child's permanency goal to substitute care pending court action (08), even if the goal has not yet been changed;*
3. *The date a judge enters a court order which requires the change of a child's permanency goal to adoption (unless stayed by a subsequent court order);*
4. *The date the Initial Legal Screening Committee, as defined below, recommends proceeding with adoption.*

NOTE: In the event a service appeal under Rules 337, Service Appeal Process, results in a stay, the 75-day period will also be stayed pending completion of the appeal.

A work group is now developing streamlined mechanisms and consistent protocols on a statewide basis for the preparation of petitions to terminate parental rights for submission to the local offices of the State's Attorney within the 75-day period. These materials will be released as soon as they are finalized.

IV. INITIAL LEGAL SCREENING

As soon as adoption is considered appropriate for a child, there shall be an initial legal screening, even if the permanency goal has not been changed. At the initial legal screening, three determinations will be made:

1. whether there is sufficient evidence to support a finding that there are grounds for termination of parental rights;
2. whether it is in the best interests of the child to seek termination of parental rights; and
3. identification of the steps which need to be completed to permit the filing of a petition to terminate parental rights. (See IV (B) below.)

The Initial Legal Screening Committee shall consist of the child's caseworker, the regional adoption coordinator, and a representative of the Office of Legal Services (OLS). In downstate regions, the OLS representative will be the regional counsel. In Cook County, the OLS representative will be one of the adoption unit attorneys. In the event there is no downstate regional counsel to participate in the initial legal screening,

please contact Assistant Chief Counsel, Gregory Seifert, at (217) 785-2558 for assignment of a substitute attorney on a case-by-case basis.

A. INSUFFICIENT GROUNDS FOR TERMINATION

If there are insufficient legal grounds for termination of parental rights, or if adoption is not in the best interests of the child, then the 75-day period will cease to run.

B. PROCEED TO TERMINATION

If adoption is determined to be in the best interests of the child and there are sufficient legal grounds for termination, the case is to proceed to termination of parental rights. All steps established by the initial legal screening committee must be completed within the 75-day period. These steps include, but are not limited to:

- Identification of and service of summons and Petition For The Adjudication of Wardship on all interested parties, including all putative fathers not previously served.
- Preparation of Petition to Terminate Parental Rights in all counties in which the Department, rather than the local office of the State's Attorney, prepares the petitions.
- In downstate regions, forwarding of Petitions to Terminate Parental Rights to the local office of the State's Attorney.
- In Cook County, completion of the paperwork and referral to the State's Attorney Screening Committee which is comprised of representatives from the Cook County Office of the State's Attorney, the Public Guardian and the Department.
- Completion of all tasks assigned to the caseworker or adoption staff by the initial legal screening committee i.e. identifying an appropriate adoptive placement, contacting parents to explain the surrender process, obtaining genetic health history, etc.

Training will be provided for staff involved in this initial legal screening process.

V. FILING INSTRUCTIONS

File this Policy Guide immediately after page 10 of yellow page Procedures 305, Client Service Planning.

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Section 305.120 Planning for the Termination of Services

- a) During the original negotiation sessions of the service plan for the child(ren) and for the family, estimated dates for achieving the permanency goal shall be set in accordance with the Department's standards set forth in yellow page **Procedures 305.100 (g)**. These estimated dates guide the worker toward achieving the permanency goal and terminating services.

- b)

- c)

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Section 305.130 The Department's Role in Juvenile Court

a) The Department as an Advocate

Each region shall designate a person who is a Department representative to each court within its boundaries. That person shall meet with the Judge, the State's Attorney, the Probation Officers and others who are customarily involved with serving children and families. The purpose of such meetings is to present the Department's philosophy and practice, to allow general disagreements to be discussed, and to give the Department representative the opportunity to listen to and to understand the perspective of court officials.

b) Juvenile Court Review

- 1) Department staff shall submit the **CFS 497, Client Service Plan**, to the Juvenile Court for review whenever a new plan is completed. This includes the initial service plan and service plans completed due to a change in the permanency goal or due to a case review. According to local Juvenile Court practice, the Child Case Summary (MARS/CYCIS report CF-CM 4021-A) shall be attached to the service plan.

In addition, Department staff shall request Juvenile Court hearings at least once every 18 months via the Supplemental Petition process and at the other times specified below. The Supplemental Petition process is explained in Appendix E.

- 2) Hearings shall be requested:
 - o within 48 hours after temporary protective custody has been taken by the Department, by a physician or by a law enforcement officer (excluding Saturdays, Sundays, and court holidays) if custody is to be retained for more than 48 hours and the Department has determined that services will not alleviate the conditions so that the child can return home;
 - o before a child who is in shelter care (temporary custody) via a court petition alleging abuse or neglect is returned to the custody of his or her parents;
 - o before the return of any child adjudicated "abused" or "neglected" to the custody of his or her parents, guardian, or legal custodian who had abused him or her. If living conditions are the primary reason the child remains in substitute care, any court hearing required for return home

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shall be requested without delay to effect a speedy return home.

- o for children placed in substitute care after October 1, 1983, to request that the judge enter an order whether reasonable efforts were made to prevent placement or return the child home. This usually occurs at the shelter care hearing;
 - o whenever necessary, to obtain court approval for unsupervised visitation at the worker's discretion in order to facilitate the child's return home.
 - o before denying visitation to the parent(s);
 - o at least every 18 months from the date the child was placed;
 - o at other legislatively required review times; for example, for Indian children.
- 3) Although a hearing is not required, staff shall notify the Juvenile Court, in writing, at least 10 days before returning a child who has been adjudicated "neglected" (other than by physical abuse) to the custody of his or her parents.

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APPENDIX A

Instructions for the CFS 497 Series

Cover Sheet

A client **Service Plan Face Sheet** is to be attached to every copy of the **CFS 497**. This face sheet contains identifying information regarding the children who are included in the service plan. For the initial service plan, the caseworker must complete all items on the face sheet. For subsequent plans, a pre-printed cover sheet will be sent to the worker. The following sections will not be pre-printed and must be completed for every service plan.

Permanency Goal: Type or write, in words, the current permanency goal. Do not use computer codes.

Evaluation of Previous Permanency Goal: Select one of the following ratings ("**goal achieved**", "**satisfactory progress**" "**unsatisfactory progress**") and write this selection in the space provided. If this is the initial service plan, write "**not applicable**".

Part I

Page 1

Date of Plan - Enter the effective date of the plan.

Family Name - Enter family case name.

Case I.D. - Enter family case I.D.

Answer all of the questions on Part I unless this is the initial case plan. If it is the initial plan, attach the current assessment and the reasonable efforts checklist, then begin answering the questions with #5.

- 1. What problem(s) brought this case to the attention of the Department?** (If child(ren) is in placement, indicate why.) Include and specify any abuse/neglect finding.
- 2. Why does the family currently need DCFS services? What problem(s) remain to be addressed? Identify the needs of any family member for communication assistance.** Include only those problems that affect goal achievement. For cases with a goal of "**return home**", identify which problems in Question #1 still need to be resolved prior to goal achievement. Identify whether any family member who is expected to participate in services requires an interpreter, sign language assistance or other communication assistance.
- 3. Summarize significant developments/events in the case since the last case plan.** Include any developments/events that affected progress toward achievement of the permanency goal and/or the timeframe for goal achievement. Examples of such events would include:

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- o The return of a parent whose whereabouts had previously been unknown.
- o A new finding of abuse/neglect by investigative staff.
- o A parent's successful completion of drug treatment services.

If more space is needed, additional pages may be attached. A page number for each attached sheet should be added in the lower right hand corner; a space for such numbers is already included on sections of the **CFS 497**.

Page 2

4. **Assign one of the following ratings to describe the progress since the last case plan, "goal achieved", "satisfactory progress toward the goal", "unsatisfactory progress toward the goal".** Explain why this rating was chosen. Identify in words (not a computer code) the permanency goal in the previous service plan. Check one of the progress ratings and explain this choice.
5. **Identify:** Goal selected for this service plan; why it was selected; the planned achievement date. Use words (not a computer code) to identify the goal.
6. **Describe any court orders that affect how services are to be delivered or visitation conducted.** Include the date of the court order. If a previous order has been vacated, please indicate. If there are no such court orders, write "none".

FOR PLACEMENT CASES ONLY

Indicate whether this case has been referred for legal screening to consider whether a petition should be filed for termination of parental rights. If such a referral has been made, indicate when, and the result of the screening. If there is a possibility that this case will be referred to legal screening to consider termination of parental rights within the next 6 months, please explain.

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PART II

Problem/Objective/Task Statement # - Enter a number to facilitate organization of the case plan.

Family Case Name

Date of Plan - Enter the effective date of the plan.

Minimum Parenting Standard, Problem or Condition to be Addressed - Briefly describe the minimum parenting standard, problem or condition that needs to be addressed. Note: any minimum parenting standard or problem pertaining to a parent listed on Part II should also be included in Question 2 of Part I.

1. OBJECTIVE: Outcome needed to resolve problem - Enter the outcome that will resolve the stated problem/condition or that will satisfy the minimum parenting standard. For example:

- * "Mr. Smith will be able to control Jimmy's behavior without physically punishing him"

- * "Mrs. Smith will not leave Billy in the home alone or unsupervised but in the care of someone who will protect him"

Date Established - Enter the month, day and year that the objective is established. If the objective is continued, enter the date that the objective was originally established.

Planned Achievement Date - This date should be the best estimate of when achievement is expected and should be consistent with the date set for goal achievement. Outcomes may be achieved in less than 6 months or more than 6 months.

Client and Service Tasks

Tasks are limited to those which will be performed within the time period of the plan. Tasks are to be written in words that any child or adult involved can understand. Break the tasks into as many parts as necessary so that each person understands what is expected of him or her. Enter what is to be done, who is to do it and the dates, times or frequency of the task. Provide any addresses or telephone numbers needed for the person to complete the task as required. In "**Time-Frames**", enter the start and completion dates of the task. For example, if parent is to attend parenting classes for 3 months beginning 8-1-92, the time-frame would be 8-1-92 to 11-1-92. If any task is to be done only once, such as making a referral for counseling, enter the date by which the task will be completed.

When progress on each task is being evaluated, use one of the following ratings: achieved, satisfactory, unsatisfactory, discontinued. Write the selected rating in the space provided for task evaluation.

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2. Evaluation of Progress Toward Achieving the Objective:

Date of Evaluation - Enter the date on which the evaluation is made and place a check mark in the box next to the rating to be assigned.

Evaluated by - Enter the name of the person making the evaluation. Explain why this rating was chosen. List the major factors affecting this outcome, including whether and how the tasks were done.

Unless this is the initial case plan, attach the previous Problem/Objective/ Task Statements with the completed Evaluation Section to the new case plan.

Part II For Documenting Objectives/Tasks to be Completed by Foster Parents/Relative Caregivers for Children in Their Care

The **Part II** is to also be used for documenting problem/objective and task narratives regarding the care and treatment of children in foster homes with related or unrelated caretakers. The tasks shall be completed in collaboration with the foster parent/relative caregiver and reflect the individualized needs of the particular child placed with the caregiver. The caregiver shall then be asked to sign the Part II at the bottom to indicate their agreement with the tasks they have been given.

A **Part II** should be completed for any child who has special needs that cannot routinely be met by foster parents in a regular foster home. This would include: pregnant or parenting teens; children whose goal is independence; children in an institution, group home or specialized foster home; children with serious medical problems.

A **Part II** must be completed for each child in placement.

Note: Any information on a **Part II** relating to the need for, or receipt of mental health services can only be distributed in accordance with the confidentiality requirements of the Illinois Mental Health Code.

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PART IIA

INSTRUCTIONS FOR FILLING OUT THE VISITING PLAN

Child Protection Staff

1. Enter the family name, CYCIS I.D., if available, and date.
2. Enter the parents' preferred day, time and location of visits.
3. Indicate if you would recommend or the court has ordered supervised visits. If you recommend supervision, explain the reason.
4. Indicate if the parent or children will need transportation assistance in order to attend the visits.
5. Identify contact other than planned visits you would recommend and identify others you would recommend be a part of visits.
6. Explain any child protection issues in the "Additional Instructions for Visit" section that the child welfare worker should be aware of in developing the Visiting Plan or in carrying out visits.

Child Welfare Staff

1. Enter the family name, CYCIS I.D. and date.
2. Check the first box if the permanency goal is "return home" and indicate with whom the child(ren) will be visiting. Check the second box for visits planned to maintain the relationship between siblings or children and others when the permanency goal is not "return home."
3. Indicate the date or frequency, time and location of visits.
4. If visits require supervision, indicate who will supervise, their role, and explain the need for supervision in the "**Reason for Supervised Visitation**" section.
5. Indicate the transportation arrangements for the parent and the child(ren). Indicate if the parent or child needs assistance in accessing transportation.
6. Identify contact other than planned visits. Indicate others who are to be involved in the visits (for example family members, other adults significant in the child's life).
7. Indicate what the parent should do if they must cancel a visit and indicate how the parent can make arrangements to reschedule a visit.

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8. Describe activities the parent must work on during the visits or include other additional instructions.
9. Before the next ACR or before the visiting plan is modified, provide an evaluation of the visits that have occurred during the time period covered by the current Visiting Plan.
10. If the plan requires an explanation of the decisions made (for example if visits are less than weekly) or if the plan needs to be modified (for example a change in frequency, supervision or a regular change in contact allowed other than visits) include those explanations in the "**Reason for Plan Modifications**" section. Include the length of time this modification will be in effect.
11. If the visiting plan is modified separately from the service plan as a whole (for example, between case reviews), the caseworker and supervisor are to sign in the spaces provided at the bottom of the **Part IIA**.

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Part III

Note: A separate **Part III** should be prepared for each child in placement or who is living independently.

Date of Plan - Enter the effective date of the plan.

Child's Name

Child's I.D. - Enter the child's identification number

Name of Placement and Address - It is the intent of the Department that families should know the whereabouts of their children. If there is sufficient reason for them to be denied that information, it must be in accordance with **Procedure 431.5 (a) (1) (A) (ii)**. If the conditions specified in this Procedure are met, the name and address of the placement may be omitted.

A. Check the appropriate box ("**Yes**", "**No**", "**Not Applicable**") for each of the questions listed. Explain any "**No**" answers in the space provided. If the child is placed in an institution or group home, explain the reason for this type of placement and indicate how long the child is expected to remain there.

B. Evaluation of Child's Adjustment

If this is the initial service plan, evaluate the child's adjustment since case opening; otherwise, evaluate the child's adjustment since the last service plan. Include examples of behavior. Identify and discuss any unusual incidents involving this child since the previous service plan. An additional page or pages may be attached to this section if needed.

C. Health Summary

Note: Information pertaining to the receipt of any psychiatric, psychological or other mental health services can only be divulged in accordance with the confidentiality requirements of the Illinois Mental Health and Developmental Disabilities Confidentiality Act. Copies of mental health materials may not be attached to or distributed with the service plan except in accordance with the Illinois Mental Health and Developmental Disabilities Confidentiality Act.

The child's name and the date of the **CFS 600** should be entered in the first paragraph. If that form is not in the case record, enter the date that it was requested.

Enter the dates of the most recent medical, eye, dental and hearing exams. If the child is eligible for the Early and Periodic Diagnostic Screening and Treatment program (EPDST), indicate the last exam provided under that program.

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Indicate whether the child's immunizations are out of date and whether the child has any disabilities or chronic illnesses. Explain in the space provided any "Yes" answers.

Identify whether the child has had a hospitalization, surgery, significant illness or other medical need in the past six months. If "yes", explain. Pregnancy is to be included as a "medical need".

Indicate whether the child is on any regular or psychotropic medication. If the child is receiving psychotropic medications, list the medicine, dosage and last date that administration of the medication was approved by the Office of the Guardianship Administrator. If the child is receiving psychotropic medication in conjunction with mental health treatment, as defined in the Illinois Mental Health and Developmental Disabilities Confidentiality Act, such information can only be released in accordance with the confidentiality requirements of that Code.

If a child is receiving treatment for drug or alcohol abuse as defined in The Alcoholism and Other Drug Dependency Act, such information can only be released in accordance with the confidentiality requirements of that Code.

Note: A **Part II** should be completed to address any serious or ongoing problems identified in **Section C**.

D. Scholastic Summary

1. Name of School - Enter the name and address of the school that the child is currently attending. If the child is not of school age, enter "none" and go on to the next section. If the child is of school age, but not in school, explain under Item 4.

Grade or G.E.D. - Enter the grade number or indicate that a G.E.D. is being pursued.

Date Enrolled - Enter the date that the child was enrolled in the school that the child is currently attending.

Program Type - Check the type of educational program in which the child is enrolled. If "**Special Education**" is checked, the "**Children in Special Education**" section of **Part III** must be completed.

2. Enter the date of the school report or the date that it was requested if it has not been received.

3. Indicate whether the proximity of the child's school was taken into account at the time of placement. A "yes" answer includes situations in which proximity was considered even though it could not be accommodated. If the child was not enrolled in school at the time of placement, write "N/A" (not applicable).

4. Attendance, adjustment and progress:

Identify and describe any attendance problems.

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Describe the child's adjustment in the school setting, using examples of behavior in the description.

Describe the child's academic progress.

Summarize the results of any educational testing completed during the reporting period.

If the child is in high school, identify the number of credits the child has earned and the number needed to graduate.

If the child is in a G.E.D. program, indicate when the child is expected to take the G.E.D. exam.

Note: A **Part II** should be completed to indicate how any special academic problems identified above will be addressed.

Scholastic Summary-Children in Special Education

Check the appropriate box(es) to identify the child's educational impairment(s).

Identify whether there is a copy of the child's Individual Education Plan (I.E.P.) in the case record. If "no", give the date that the I.E.P. was requested.

List the name and address of the child's surrogate parent. If no surrogate parent has been appointed, give the date that one was requested.

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Part IV

Family Name - Enter the family case name

Supervisor's Signature - The supervisor of the worker who is responsible for the family case is to indicate that she or he has reviewed the case plan by signing in the space provided. If the service plan is being submitted for an administrative case review, the supervisor is to sign prior to the case review. If the case is served by a full-service foster care private agency, the private agency supervisor should sign. The date of the signature shall also be provided.

Case Reviewer's Signature - If the case plan was submitted for an administrative case review, the case reviewer is to indicate the date of the case review and sign in the space provided.

// **DCFS Worker Signature** - This space is to be signed by the DCFS worker who prepared the case plan or by the DCFS worker who is responsible for monitoring a case that is served through a private agency. By signing this section, the worker also authorizes the services detailed in the case plan and verifies that the emergency necessitates these services and did not arise as a result of a parent's refusal, without good cause, to accept employment or training for employment. If information gathered during the case planning process indicates that the emergency did arise as a result of such circumstances, then the worker should cross out all of the Emergency Assistance language before signing Part IV.

// **POS Worker Signature** - If the case is served by a full-service foster care agency, the worker in that agency responsible for preparing the case plan is to sign here. By signing this section, the worker also authorizes the services detailed in the case plan and verifies that the emergency necessitates these services and did not arise as a result of a parent's refusal, without good cause, to accept employment or training for employment. If information gathered during the case planning process indicates that the emergency did arise as a result of such circumstances, then the worker should cross out all of the Emergency Assistance language before signing Part IV.

Client Signature

Client's Comments/Disagreements Attached - Indicate whether the client completed a Part IVA or submitted other written comments to be attached to the service plan.

Case plan given to or mailed to **on** - This statement refers to clients only. Circle the appropriate choice (given or mailed); indicate to whom the plan was provided and the date that it was provided.

If whereabouts of mother or father are unknown, when was the last diligent search completed?
Indicate the date of the last diligent search.

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Notice to parents if permanency goal is to return home. Place a check in the box provided if the goal is "return home".

Client Signature

Notice to parents if permanency goal is to live with a family either related or unrelated - Place a check in the box provided if the permanency goal is either computer code 04 (long-term care with unrelated caretaker) or code 05 (long-term foster care with unrelated caretaker).

Client Signature

// **Request for Emergency Assistance and Client Signature** - The client does not receive additional services or money as a result of the Emergency Assistance request. The client signature on the Request for Emergency Assistance allows the state to seek federal reimbursement to help pay for the services that the client receives. If the client refuses to sign, or is not available, indicate "refused" or "N/A" on the client signature line. In these cases, the worker's signature on the DCFS or POS worker signature lines will be sufficient.

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APPENDIX B

GUIDELINE - WHO ATTENDS THE ADMINISTRATIVE CASE REVIEW

PARENTS AND THEIR REPRESENTATIVES

Parental Rights Terminated

Administrative case reviews are open to the participation of the parents and their representatives unless parental rights have been terminated.

Known to be Violent

If the parents are known to be violent and potentially dangerous to other participants in the administrative case review, the Regional Administrator in consultation with the reviewer may exclude them from being invited to the review.

Putative Fathers

The putative father of children born out of wedlock shall be allowed to participate. If a putative father requests that he not be notified of administrative case reviews, he will not be asked to participate in the administrative case reviews.

CHILDREN

// Generally, children with a mental or chronological age of 13 or older are considered able to participate in the administrative case review. Children are expected to attend the administrative case review if the permanency goal is independence. (Children ages 7 to 12 may participate in the review if the worker believes that the child can contribute to the review and benefit from attendance at the review.) Some children are unable emotionally to participate in the administrative case review because of the excessive anxiety or fear caused by their participation or because it would be excessively disruptive to remove a child from treatment in a child care institution or mental health facility to have them participate in an administrative case review. Children who are not having problems in school are considered able to miss a day of school to attend an administrative case review.

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// **FOSTER PARENTS/RELATIVE CARETAKERS** //

All foster parents/relative caretakers shall be invited to attend the child's portion of the Administrative Case Review. Foster parents / relative caretakers may attend other portions of the review, subject to confidentiality restrictions, when they have successfully completed the case review training prescribed by the Department regarding the case review process.

PURCHASE OF SERVICE PROVIDERS

Private Agency Foster Care/
Relative Foster Care

The worker or supervisor of private agency foster care is required, by contract, to attend the administrative case review.

Residential Care Facilities

Social work staff from residential care facilities are expected to attend or otherwise participate in administrative case reviews. However, their attendance is not required by their contracts. If staff from a residential care facility indicate they will be unable to attend the review, the Department worker shall discuss the child's plan with them before the review. If the plan is changed during the review, the worker shall explain the change to the facility staff.

Other Purchase of Service Providers

If other purchase of service providers can contribute significantly to the case review, they may be invited to attend the administrative case review. Their attendance is not required by their contracts.

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ADMINISTRATIVE CASE REVIEWS - AN OVERVIEW

The administrative case review has been divided into segments. These segments provide a guide for the administrative case review. The case review administrator seeks the worker's advice then determines the flow of the review, who participates in the different segments, the approximate time devoted to the different segments, and exactly what happens in each of the segments.

<u>Segment</u>	<u>Who Usually Attends</u>	<u>What is Discussed and/or Completed</u>
Preview Segment	<ul style="list-style-type: none">o Case Review Administratoro DCFS Worker and/or Supervisoro Substitute Care Provider Agency's Worker and/or Supervisor	<ul style="list-style-type: none">o Who is attending the reviewo Their role in the caseo Sensitive issues which need to be discussedo Recent case dynamics <p>The worker provides the case review administrator the draft CFS 497.</p>
Child Segment	<ul style="list-style-type: none">o Childreno Parents and Their Representatives// o Foster Parents/Relative Caretakero DCFS Worker and/or Supervisoro Substitute Care Provider Agency's Worker and/or Supervisoro Case Review Administrator	<p>This segment focuses on the children's needs, their adjustment to their current living arrangement, their progress in school and/or employment, their medical needs (if any), and any behavior problems they may have. Family and child visits including sibling visitation are usually planned during this segment. Child objectives are set and evaluated during this segment.</p>
Parent Segment	<ul style="list-style-type: none">o Parents and Their Representatives// o Foster Parents/Relative Foster Parents subject to confidentiality provisions when they have successfully completed training prescribed by the Departmento DCFS Worker and/or Supervisoro Substitute Care Provider Agency's Worker and/or Supervisoro Case Review Administrator	<p>This segment focuses on whether the parents are attaining the minimum parenting standards, resolving the problems which resulted in the Department's intervention, and progressing toward the permanency goal and the objectives in the service plan. Establish new objectives and tasks for the upcoming six months.</p>

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Assuring Under-
standing

- o Parents and Their
Representatives
- o DCFS Worker and/or
Supervisor
- o Substitute Care Pro-
vider Agency's Worker
and/or Supervisor
- o Case Review Admini-
strator

If the parents disagree with the service plan, the administrative case reviewer asks them if they want to record their disagreement or have someone assist them in recording their disagreement. If the parents wish to record their disagreement, they are given time and assistance in recording it, if requested.

After session

- o DCFS Worker and/or
Supervisor
- o Substitute Care Pro-
vider Agency's Worker
and/or Supervisor
- o Case Review Admini-
strator

Complete CFS 1420, Case Review form.

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APPENDIX C

GUIDE TO RESPONSIBILITIES IN THE ADMINISTRATIVE CASE REVIEW

TASK	ROLE OF CASEWORKER	ROLE OF SUPERVISOR	ROLE OF CASE REVIEW ADMINISTRATOR
Identify to be reviewed	Primary worker: verifies information on Monthly Roster; makes corrections; forwards to ACR unit within ten working days; completes CFS 494 and submits with Monthly Roster	Receives and distributes Monthly Roster and CFS 494 to worker; if case has been transferred, identifies on Monthly Roster the new worker/unit; ensures that Monthly Roster and CFS 494 are completed and submitted within 10 working days.	Forwards Monthly Roster and cases CFS 494 to worker.
Scheduling of cases for review	Notifies ACR unit immediately if unable to attend review on scheduled date; invites child and other optional participants; consults with ACR unit to reschedule when necessary	Ensures worker's attendance at review; attends review in absence of worker; must approve rescheduling of review for any reason.	Receives CFS 494 and completed Monthly Roster from worker; establishes review date; notifies parents, Department foster parents, POS worker & DCFS worker of date; provides supervisor with notice of monthly unit reviews; reschedules reviews when appropriate.
Setting of permanency goal; reason for service; evaluation of plan for previous six months (Part I)	Completes prior to case review.	Reviews for completeness and accuracy prior to review.	Convenes and conducts ACR, ensuring focus and good time management throughout; reviews for CFS 497 during ACR; advises worker as to completeness and may modify the plan; advises worker whether goal is consistent with facts in case, Department policy, and good child welfare practice.

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TASK	ROLE OF CASEWORKER	ROLE OF SUPERVISOR	ROLE OF CASE REVIEW ADMINISTRATOR
Setting objectives & tasks-evaluation of objectives for six months (Part II)	Brings draft of objectives & tasks to ACR; presents & finalizes during review; is responsible for final content; must include visiting objective unless visitation prohibited by the court.	Reviews and approves draft prior to ACR; if disagrees with final, may request a decision review conference.	Promotes discussion among participants in ACR to assure that objectives & tasks are appropriate to goal; assures that the service plan is previous explained; advises clients of rights; assures congruence with policy, procedure, status, & with good child welfare practice.
Child's Summary (Part III)	Completes prior to ACR; presents at ACR; is responsible for final content.	Reviews and approves prior to ACR.	Reviews during ACR; advises worker as to completeness & may make recommendations for modification.
Data Input Form, CFS 1420, Case Review	Completes and signs; secures other signatures as needed and sends to data input operator.	Approves and signs.	Signs as indicated.
Distribution of Service plan.	<p>Sends:</p> <ul style="list-style-type: none"> Original to family case record Copy to parents (includes putative father who requests it) (Parts I-III) Copy to child, child objectives Copy to foster parents, child objectives and Parts I and II subject confidentiality provisions. 		<ul style="list-style-type: none"> Copy to Case Review Administrator Copy to Substitute Care Provider Copy to Juvenile Court (if court ward) Copy to others, as appropriate

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TASK	ROLE OF CASEWORKER	ROLE OF SUPERVISOR	ROLE OF CASE REVIEW ADMINISTRATOR
Post ACR Conference	As needed, meets with case review administrator for consultation on ACR and follow-up.	As needed, participates in post-ACR conference.	As needed, meets with worker/supervisor.

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APPENDIX D

SELECTING SUBSTITUTE CARE PENDING COURT DECISION REGARDING TERMINATION OF PARENTAL RIGHTS AS THE PERMANENCY GOAL

// Substitute Care Pending Court Decision is an appropriate permanency goal when:

- o one parent has voluntarily surrendered his or her child(ren) for purposes of adoption and the whereabouts of the other living parent is unknown or for other reasons involuntary termination of parental rights is expected; or
- o the Legal Screening Committee has approved the pursuit of involuntary termination of parental rights; and
- o a child 14 years of age and older is in agreement with the plan to pursue involuntary termination of parental rights.

When the above criteria have been met, the permanency goal of Substitute Care Pending Court Decision may be selected during an administrative case review or may be established by the worker/supervisor outside the ACR process.

The following explains the participation by and/or notification of those persons involved in selection of a permanency goal of Substitute Care Pending Court Decision:

Worker

- o shall select the permanency goal
- o shall participate in legal screening

Supervisor

- o shall assist the worker in permanency goal selection
- o may participate in legal screening

Representative from Regional Adoption Unit

- o may offer consultation in permanency goal selection
- o shall participate in legal screening

Case Review Administrator

- o may provide consultation around the selection of the permanency goal
- o may participate in legal screening
- o shall receive notification when the permanency goal of substitute care pending court decision is selected outside the ACR process

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Biological Parents

- o shall continue to be invited to administrative case reviews
- o should be invited to ACR after petition filed only if local court practice requires staff to continue working with the families until termination petition heard in court. Staff should be aware, however, that the parents continue to have the right of visitation with their children until their rights are terminated.
- o shall receive notification of permanency goal if not present at ACR or if goal is selected outside ACR process.

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APPENDIX E

REPORTING TO AND PETITIONING THE JUVENILE COURT

REPORTS TO THE JUVENILE COURT

The Department uses the IL-418 497, Client Service Plan, as the primary method of reporting to the Juvenile Court and keeping the Court informed of the Department's decisions about a family or child. In some instances the Juvenile Court may request additional reports or studies on specific families or children. The Department shall also provide this requested information. Whenever a service plan is being sent to the Juvenile Court regarding a child who is legally free and placed in an adoptive home, all references to the adoptive family's identity and address should be deleted from the copy that is sent to the court.

IL-418 497, Client Service Plan

The Department shall submit an IL-418 497, Client Service Plan, for children for whom the Department is legally responsible to the Juvenile Court:

- // o within 30 days of placement
- o When a case review is conducted, or
- o When the permanency goal for any of the children is changed.

Only one service plan is to be submitted per family.

INITIAL PETITION TO THE JUVENILE COURT

When the Department first seeks to gain custody or guardianship of a child, regardless of whether it is via a shelter care or an adjudicatory hearing, the worker shall be prepared to testify as to all efforts made to prevent placement of the child and may be required to submit documentation to the State's Attorney as evidence of Department efforts to prevent placement of the child.

The Department shall ask the State's Attorney to request that the judge enter an order of whether reasonable efforts were made to prevent placement of the child.

COURT ORDER WHETHER REASONABLE EFFORTS WERE MADE TO PREVENT PLACEMENT OR TO RETURN THE CHILD HOME

In some instances, the judge may refuse to enter an order that the Department made reasonable efforts to prevent placement of a child who was placed after October 1, 1983. If this occurs, the Department shall attempt to persuade the judge that its efforts to prevent placement of the child were reasonable or that family reunification services have been provided when appropriate. The worker shall document each attempt to persuade the judge to enter such an order on the IL-418 492, Case Entry.

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If the judge subsequently agrees that the Department had made reasonable efforts to prevent placement or return the child home, the Department once again shall ask the State's Attorney to request that the judge enter an order to that effect.

SUPPLEMENTAL PETITIONS TO THE JUVENILE COURT

Department staff will be notified via the phrase "Supplemental Petition" on the Monthly Caseload/Tickler, CF-CM 4011-A (a MARS/CYCIS report) when a supplemental petition should be submitted to the Juvenile Court.

// When a child's case is listed for a "Supplemental Petition", staff are to submit two copies of the IL-418 460 S, Supplemental Petition, and two copies of the IL-418 460-1, Order, to the Juvenile Court. According to local Juvenile Court practice, the Child Case Summary, CF-CM 4021-a (a MARS/CYCIS report) shall be attached to the supplemental petition. If the IL-418 497, Client Service Plan has been changed since the last one was submitted to the Court, also attach the most recent IL-418 497.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X and Z

POLICY GUIDE 2005.03

ACR FEEDBACK RESPONSE PROTOCOL

DATE: July 27, 2005
TO: Rules and Procedures Bookholders and Child Welfare Staff
FROM: Bryan Samuels, Director
EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to issue revised procedures to DCFS and POS child welfare staff to resolve a critical or chronic issue identified during an Administrative Case Review. The revised procedures strengthen the Department's efforts to ensure that:

- Critical or chronic issues identified during an Administrative Case Review are resolved in a timely, relevant and coordinated manner; and
- Children's needs for safety, well-being and permanency are addressed in the delivery of services to them and their families.

This Policy Guide replaces **Policy Guide 98.15 ACR Feedback Response Protocol** and issues two forms:

CFS 230 ACR Feedback Response and Action Plan for Critical or Chronic Issues

CFS 231 ACR Feedback Communication Notice

II. PRIMARY USERS

The primary users of this policy guide are DCFS and Purchase of Service (POS) caseworkers and supervisors, Program Managers, Regional Administrators, Field Services Managers, Site Administrators, ACR staff, Agency Performance Team (APT) Managers, Supervisors and Monitors and equivalent staff positions in private agencies.



III. KEY WORDS

Administrative Case Review (ACR), ACR Feedback Report, Critical Issue Report, Chronic Issue Report, Feedback Response and Action Plan (FRAP).

IV. DEFINITIONS OF CRITICAL AND CHRONIC ISSUES

Critical issues are violations of a rule, procedure or law which endanger the safety, well-being and permanency of children for whom the Department is responsible. Examples of critical issues include acts of gross impropriety; improper or questionable practice on the part of DCFS or private agency staff; caretaker violation of licensing standards or law; violations of statute, law, court orders or a consent decree by Department or private agency staff; changing court-ordered visitation without notification; and neglect of a child's critical mental health, medical or safety needs.

Chronic issues are the continued lack of needed services to children and/or families, including caseworker omissions or other unmet needs which jeopardize a child's safety, permanency or well-being. Chronic issues are those that have remained unresolved or unaddressed for an extended period of time (six months or longer) or issues that were identified in a prior review and remain unresolved.

Some examples of chronic issues include the lack or absence of essential services such as counseling or medical or dental services; failure to document the delivery of such services; failure of the worker to obtain school reports, arrange for visitation, complete required assessments or contact the child or family; and legal and court delays.

A chronic issue that persists for twelve (12) or more months may be categorized as a critical issue when a child's safety, permanency or well-being are compromised.

V. ACR FEEDBACK COMMUNICATION NOTICE

When a critical and/or chronic issue is identified during a review, the ACR reviewer completes the **CFS 231, ACR Feedback Communication Notice**. Both the Child Welfare Administrative Case Reviewer and the DCFS/POS worker sign it before the review concludes. This written communication ensures that the worker is aware of both the critical and/or chronic issue and the electronically generated feedback report that will follow. The reviewer keeps the original of the CFS 231 and provides the worker with a copy. The worker is responsible for providing his or her supervisor with a copy of the ACR Feedback Communication Notice indicating a critical and/or chronic feedback will be written. Upon receipt of the critical and/or chronic feedback, a Feedback Response and Action Plan (FRAP) must be completed.

VI. ACR FEEDBACK PROCEDURE

Administrative Case Review will provide the DCFS or private agency worker with an electronically generated ACR Feedback Report, which may include a Critical or Chronic Issue(s). The ACR Feedback Report summarizes the observations, findings and recommendations for each case reviewed. It is organized by best interest categories: Safety, Permanency and Well-Being.

Electronically Generated Feedback Reports on Critical Issues

Administrative Case Reviewers are required to immediately report critical issues identified during the course of an administrative case review to the assigned worker's supervisor or when the supervisor is unavailable, to his or her supervisor or manager, either in-person, by telephone and/or when appropriate, by e-mail. The electronic ACR Feedback Report describing the Critical Issue(s) will follow within two working days of the immediate notification.

Electronically Generated Feedback Reports on Chronic Issues

The Administrative Case Reviewer will document Chronic Issue(s) on the electronic ACR Feedback Report and send it to the caseworker's supervisor within two working days.

VII. DISTRIBUTION OF ACR FEEDBACK REPORTS

ACR Feedback Reports on Critical or Chronic Issues will be sent to an established distribution list that includes, but is not limited to: DCFS and POS caseworker; Field Service Manager or Site Administrator or POS equivalent; Program Manager; Assistant Regional Administrators; Regional Administrators; Agency Performance Team (APT), ACR Unit, the Guardian Ad Litem (GAL) and select regional (e-mail) mailboxes. POS agencies will receive the Feedback reports via regular mail from the APT Units.

Administrative Case Reviewers will identify other DCFS staff members who monitor or provide oversight in specific types of cases, case situations, and/or who monitor certain consent decrees or procedural requirements. ACR will send feedback reports to them via agency e-mail (Outlook).

VIII. FEEDBACK RESPONSE AND ACTION PLANS FOR DCFS AND POS CASES

The assigned DCFS or POS supervisor is responsible for developing and distributing a written **CFS 230 ACR Feedback Response and Action Plan** within fourteen (14) days of receiving a Feedback Report of a critical or chronic issue from the Administrative Case Review unit.

Supervisors will discuss with the assigned caseworker the issues identified by the reviewer in order to develop the Feedback Response and Action Plan. Once completed, the **CFS 230 ACR Feedback Response and Action Plan** is forwarded to Field Services Manager, Program Manager, Site Administrator or POS equivalent. A copy of the ACR Feedback Report on Critical or Chronic Issues must be attached to each Feedback Response and Action Plan. The Field Service Manager, Site Administrator or POS equivalent is responsible for immediate resolution and ongoing monitoring of the critical or chronic issue identified during an administrative case review.

Information received from others such as the child's guardian, therapist, educational liaison, etc. may be incorporated into the response. The **CFS 230 ACR Feedback Response and Action Plan** should also describe any differences of opinion or factors which may mitigate the issues identified by the reviewer; resolution of the issues whenever possible; or a clear plan detailing how the issues will be resolved with the time frames for completion.

IX. APPROVAL / MONITORING OF FEEDBACK RESPONSES AND ACTION PLANS

Field Service Managers, Program Managers, Site Administrators or the POS equivalent are responsible for reviewing and approving each Feedback Response and Action Plan to ensure that the issues raised by the reviewer are addressed. Field Service Managers, Program Managers, Site Administrators or the POS equivalent are responsible for follow-up with the assigned supervisor when a Feedback Response and Action Plan is not submitted within fourteen (14) days or when it is not complete or fails to adequately address the needs of the children and/or family.

The Field Service Manager, Site Administrator or equivalent POS administrator forwards a copy of the approved Feedback Response and Action Plan to:

- Program Manager or his/her designee; or
- Agency Performance Team or APT designee; and
- ACR Feedback Response Coordinator.

The Field Service Manager / Site Administrator or POS equivalent is responsible for monitoring the implementation of Feedback Response and Action Plans.

X. INTERIM REVIEW OF CRITICAL ISSUES

When the Administrative Case Reviewer identifies a critical issue, an interim review shall be convened within three (3) months of the current review, unless the Administrative Case Reviewer and/or the ACR Program Manager rule out the need for one. The purpose of the interim review is to examine how the critical issue has been or is being resolved, including documentation of progress toward resolution.

XI. TRACKING CRITICAL AND CHRONIC ISSUES

The Division of Administrative Case Review will maintain a record of ACR Feedback Reports on Critical and Chronic issues for both DCFS and POS cases and produce a monthly report. The monthly report will be sent to the Director and Executive Staff and will include, but not be limited to the following aggregate information: Region/Site/Field by numeric and alpha character for DCFS teams; agency name for private agencies; number of critical and chronic issues identified in the prior month; number of critical and chronic issues for which complete feedback response and actions plans were received.

When a Feedback Report and the ACR Feedback Response and Action Plan have been logged in at the divisional level of ACR, they will be sent to the ACR Regional Office Coordinator to file in the ACR case record. The reviewer will inquire about the Feedback Response and Action Plan at the subsequent review. Previously identified critical or chronic issues that are pending resolution will receive another electronically generated feedback report, a process that will continue until resolution is achieved and stabilized.

XII. ATTACHMENTS

**CFS 230 ACR Feedback Response and Action Plan for Critical or Chronic Issues
(New 7/2005)**

CFS 231 ACR Feedback Communication Notice (New 7/2005)

Both forms are available through Central Stores and are available on the SACWIS T-Drive, DCFS Web Resource at <http://dcfswebresource.prairienet.org> and DCFS website at www.state.il.us/dcfs.

XIII. FILING INSTRUCTIONS

Remove Policy Guide 98.15 Corrected from behind Appendix E of Procedures 305 and replace with this Policy Guide.

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APPENDIX F

INFORMATION SHARING BETWEEN ADMINISTRATIVE CASE REVIEW AND PROGRAM OPERATIONS STAFF

I. Purpose

The purpose of this Appendix is to establish an information sharing system between Administrative Case Review (ACR) and Program Operations staff at all levels. This information sharing system consists of two approaches:

- o regularly scheduled meetings at the local, regional, and central office level; and
- o regular local and regional reports.

These meetings and reports shall provide feedback from administrative case reviews to:

- o assist the case review administrators in managing the administrative case review system, and
- o assist program operations staff in managing the delivery of services.

II. Information Sharing at the Local Level

A) Monthly Reports

Monthly reports may be developed jointly as long as differing view points are clearly identified.

1) Unit Supervisors, Division of Program Operations

At the end of each month, the unit supervisor shall prepare a report which addresses the mandatory topics in item B, Content of Monthly Reports, below and send it to the Supervisor of Field Services/ Site Administrator. A copy shall be sent to the Case Review Administrator(s) for the unit and CRA supervisor.

2) Case Review Administrator

At the end of each month, the Case Review Administrator shall prepare a report which addresses the mandatory topics in item B below and send it to the Case Review Administrator supervisor. Copies shall be sent to the unit supervisors and Supervisor of Field Services/Site Administrator.

B) Content of Monthly Reports

Monthly reports shall share information about the case reviews, identify problems, and recommend solutions.

The monthly reports shall focus on factual information describing specific case events or identifiable trends. The following headings

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are the mandatory topics to be included in the reports. If there is no information for a topic area, enter the topic and write "None".

Topics

- 1) ACR compliance within the unit since the last meeting,
 - o timely return of IL-418 494, Reply Sheet to Monthly Roster,
 - o number of reviews rescheduled and the reasons for rescheduling,
 - o extent of worker preparation for reviews,
 - o completion and data entry of IL-418 1420, Case Review Form, and
 - o other compliance issues.
- 2) Case specific concerns (uncompleted goals, special monitoring problems, legally complex cases, sensitive cases, etc.) identified by either the case review administrator or the supervisor,
- 3) Direct service worker issues (training needs, performance concerns, POS issues, etc.),
- 4) The concerns of the unit supervisor regarding ACR operations (scheduling problems, reviewer performance, the case review process, etc.),
- 5) Systemic problems regarding permanency goal achievement (resource needs, legal issues, compliance with Departmental rules or procedures, etc.) and
- 6) Recommended solutions to the problems identified, and
- 7) Additional feedback needs.

C) Monthly Meetings

On a monthly basis (or less frequently when approved by the Deputy Director of Program Operations and the Deputy Director of Policy and Plans), Case Review Administrators (CRA) will meet individually with the supervisor of each unit where reviews were conducted during the previous month. The agenda for this meeting shall include discussion of the information in the monthly reports.

It is recommended that these meetings be held at field offices either before or after regularly scheduled administrative case reviews. More frequent meetings between supervisors and CRA's may be held when special problems arise.

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III. Information Sharing at the Supervisor of Field Services/Site Administrator Level

A) Supervisors of Field Services (Downstate)

Supervisors of Field Services are expected to participate in the unit level meetings on at least a quarterly basis. This means that in any three month period, the Supervisor of Field Services will be responsible for attending at least one of the unit meetings held between each supervisor under his or her direction and the CRA's who conduct reviews in that unit.

B) Site Administrators (Cook County)

Site Administrators and CRA Supervisors will meet on a monthly basis to review the results of the unit level meetings. Although each party is responsible for addressing those problems relating to their individual operations, these meetings should be used to identify issues requiring joint action and resolution. Depending on the specific topics to be discussed and time constraints, any or all supervisors and CRA's may be included in these meetings.

Site Administrators are also encouraged to participate in the unit level meetings between CRA's and unit supervisors as frequently as possible.

IV. Information Sharing at the Regional Level

A) Quarterly Reports

No later than January 15, April 15, July 15, and October 15, the Regional Administrator shall prepare a quarterly report which summarizes the monthly reports, identifies regional trends, and provides examples of good problem solving. These quarterly reports shall be used as the basis for the quarterly regional meetings. The report shall be sent jointly to the Deputy Director, Division of Policy and Plans, and the Deputy Director, Division of Program Operations.

B) Regional Meetings

Regional meetings are to be held on a quarterly basis. In Cook County, these meetings will include the Regional Administrator (or designee), Site Administrators and the CRA Supervisors. In downstate regions, the Regional Administrator, Supervisors of Field Services, Case Review Administrator(s), and CRA Supervisor will attend. The agenda for this meeting will include a recap of information generated from the individual unit level meetings, with emphasis on both general trends within the region (goal achievements, barriers, ACR operations, etc.), important specific issues, and examples of good problem-solving. These meetings should also be used to define further the kind of information which would be useful to the Region and which could be best obtained through the CRA system.

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V. Central Office Information Sharing

A) Quarterly Reports

Once per quarter, the Chief, Office of Administrative Case Review, shall compile a report which summarizes major issues, trends, problems solved, and unresolved problems. This report shall be sent to the Director, the Deputy Director, Division of Program Operations, the Regional Administrators, and the Deputy Director, Division of Policy and Plans.

B) Statewide Meetings

In order to complete the information sharing system, CRA Central Office staff will be placed on the Regional Administrator's meeting agenda on a regular basis and Program Operations Central Office staff will be placed on the agenda of CRA Statewide meetings. This will enable administrative staff to identify and analyze statewide trends which have emerged from Regional meetings. In turn, these meetings will also provide a forum for assessing the information sharing system as a whole and for making the kinds of modifications which will strengthen the ongoing implementation of the information sharing system.

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APPENDIX G

PROTOCOLS FOR CASE REVIEWS

Content of Administrative Case Reviews

While the majority of issues to be addressed during the Administrative Case Review will generally remain the same, there will be some issues that are unique to the particular review, e.g., 45 day review. In addition, the focus of reviews will change over time as case circumstances change. For example, the focus of a review for a child who has been in care for six months may be on returning the child home. At eighteen months, the review will most likely need to be focused on alternative long-range plans for the child such as adoption.

The procedures below describe the protocols to be followed for each Administrative Case Review. The protocols consist of questions to be asked and issues to be explored at the 45 day, six month, twelve month and eighteen month case reviews. The purpose of the protocols is to promote proper focus, assure consistency among reviewers and help caseworkers and other participants prepare more effectively for reviews.

In addition to the protocols for each review that are described below, the following questions must be answered at each Administrative Case Review in order to determine whether the family is a member of the class covered by the Norman Consent Decree:

- 1) Were living circumstances such as lack of food, clothing, inadequate shelter, environmental neglect factors in the decision to remove the child from the home?
- 2) Are the parents required to address or improve a living circumstance (i.e., food, clothing, shelter, or other environmental conditions) as a condition of returning the child home?
- 3) If the parent is currently living in a shelter, has the Department imposed a requirement that the parent obtain housing as a condition of the return home of the child?

If the answer to any of the above questions is 'yes' the family is a member of the class covered by the Norman Consent Order. The administrative case reviewer will then complete the certification form **CFS 370-2** with a copy for the case record and a copy sent to the Regional Norman Liaison. A **CFS 370-4, Notice to Class Members,**

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describing the provisions of the consent order will be given to the parent or guardian at the administrative case review. If the parent or guardian is not present at the review, the notice will be mailed to them.

The reviewer will monitor the planned achievement dates for children who are members of the Norman Class. If reunification did not occur as scheduled, the reviewer will conduct an examination within 30 days. The reviewer will contact the worker's supervisor to determine why the reunification did not occur. The reviewer will further determine whether the family remains in the Norman Class and, if so, will establish a revision in the case plan as necessary and set a new planned achievement date.

The reviewer shall then prepare an **Examination Report (the CFS 370-3)** to be signed by the reviewer and the casework supervisor. Copies will be sent to the casework supervisor, the Norman Regional Liaison and the Manager of the Administrative Case Review Division. The Division Manager will send a copy to the Norman Court Monitor.

In addition, if the reviewer becomes aware of any problems with service delivery, unmet client or resource needs, barriers to goal achievement or other systemic problems, the reviewer will share that information with appropriate Department staff who need to know. The reviewer will document this in the Post Administrative Case Review Report and provide copies to all appropriate parties. In addition, the ACR report will identify the information as related to a Norman Class case.

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45 DAY CASE REVIEW

The issues to be addressed at the 45 day case review are:

A) **Reasonable Efforts to Prevent Placement**

- 1) Why has this case been opened/why have children been placed?
- 2) What event led to placement?
- 3) What specific facts did the caseworker rely on to determine that imminent danger warrants placement? (Was the risk assessment form **CFS 1440** utilized?)
- 4) What alternatives to placement were considered? What services were provided?
- 5) Has court made a determination regarding reasonable efforts to prevent placement? If not, what plans have been made to obtain a finding regarding reasonable efforts to return child?

B) **Services to Prevent Placement as Documented in the CFS 497**

- 1) Would services have eliminated the imminent danger to the child's life or health?
- 2) "Hard Services" (i.e. food, clothing, shelter, utilities, furniture, etc.) -- were all resources to obtain hard services or the housing advocacy program utilized? Were any other arrangements made for meeting subsistence needs such as referrals to Public Aid? Hard Services are further described in **P302.385 and 302.386.**
- 3) "Soft Services" -- were counseling services or parenting education provided?
- 4) Why were services not offered or ineffective?
- 5) What services are currently required and what is the plan to provide

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them?

- 6) If the parent is currently living in a shelter, will the shelter allow the child to reside in the shelter and is there a bed available for the child?

C) **Assessment Status**

- 1) Has an assessment been made of the problems that caused or contributed to the need for placement? Does this assessment include an evaluation of the intensity and duration of such problems?
- 2) What additional information is needed to be able to plan effectively for this family?
- 3) If the whereabouts of one or more of the parents is unknown, has the protocol for locating an absent parent been used and documented?

D) **Service Plan Development**

Were the following included in the development of the case plan? If so, how? If not, does the case plan reflect an intent to include them in ongoing planning and service delivery activities?

Parents
Children 13 years or older
Caretaker(s) of child(ren)
Current service providers

E) **Permanency Goal for Child(ren)**

- 1) What is the permanency goal? If goal is other than "return home", what is the explanation?
- 2) Does the plan reflect the *earliest feasible date* for goal achievement?
- 3) Is this date consistent with the long-term needs of the child?
- 4) If the goal is "return home" and the achievement date is longer than 4 months is a rationale provided? (30 to 60 days for Norman Class members, except in situations where barriers to return home can be

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remedied in a much shorter time frame. For example, if subsistence needs such as food, clothing, furniture, utilities are the only barriers to return home, they shall be provided without delay. In these instances the time frame for return home may be shorter with the approval of the court. The worker shall immediately begin the process of petitioning the court for the return home of the child.)

- 5) Does the time frame reflect the DCFS guidelines to return children home in a "reasonable" amount of time?
- 6) Does the plan identify what contingency steps will be taken if the time frame is not met?

F) **Problems Addressed in Service Plan**

- 1) Are the problems listed on the **Part IIs of the CFS 497** consistent with those identified in the assessment.
- 2) Is the resolution of these problems essential to goal achievement?
- 3) Does the case plan (**Part IIs**) clearly indicate what constitutes a *satisfactory resolution* to each of the problems listed; is this resolution distinguished from service utilization per se?
- 4) Does the service plan reflect what additional assessment information is needed and how it will be obtained?

G) **Services to be Utilized**

- 1) Will the services to be utilized reasonably address the problems to be resolved?
- 2) Are the time frames for service initiation and duration consistent with the problem to be addressed and the goal achievement date?
- 3) Does the service plan (**Part IIs**) clearly identify the responsibilities of the parent, the caseworker, the caretaker (when applicable) and the service provider in service provision and utilization?
- 4) Does the plan include a mechanism for periodic monitoring of service

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utilization?

H) **Family Visitation**

- 1) Is the visitation plan consistent with local juvenile court alternatives and the Bates-Saunders agreement regarding frequency and location?
- 2) Are the mutual responsibilities of parent, caseworker, caretaker, et al., in regard to visitation clearly identified?
- 3) Does the plan include an explanation of whether or how the visitation will be used to improve understanding of parental strengths and weaknesses?
- 4) If siblings are placed apart, does the plan provide for sibling visitation on a regular and reasonable basis?
- 5) If the grandparents have petitioned the court for visitation rights, does the plan provide for such visitation?

I) **Child's Needs**

- 1) Does the plan identify the level of care needed by the child (regular foster care, specialized foster care, institutional care, etc.)?
- 2) Does the plan identify documentation used to justify placement needs, including the caretaker's input?
- 3) Does the plan address the child's medical and educational needs (i.e., special ed, handicapping conditions, etc.?)
- 4) Does the plan address needs identified in the most current EPDST?
- 5) Does the plan identify additional documentation needed to complete an assessment of child's needs and how/when such information will be obtained?
- 6) Does the plan address the child's needs regarding language, religious, ethnic and familial continuity, including sibling visitation?

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- 7) If the child is of Hispanic origin and the primary language of the child's family is Spanish, is the child placed in a foster home where Spanish is spoken? If not, what attempts are being made to identify a Spanish speaking resource?
- 8) Does the plan reflect the child's need for placement continuity?
- 9) If this is a pregnant or parenting teen, does the plan identify and address problems and services appropriate to those needs?

J) **Identification of Language/Communication Needs**

- 1) Has any member of the family been identified as being hearing impaired or limited/non-English speaking?
- 2) If a member of the family is hearing impaired, what is the communication method preferred by that person?
- 3) If the family member who is hearing impaired prefers to communicate in sign language, has an interpreter been used for every contact with that family member?
- 4) If a member of the family is limited/non-English speaking, has an interpreter been used for every contact with that family member?
- 5) How have services been made accessible to the child or family member who is hearing impaired or limited/non-English speaking?
- 6) If the child is hearing impaired or limited/non-English speaking, is any member of the foster home or a staff member of the facility able to communicate with the child in the form of communication preferred by the child? If not, are interpreters used, and for how many hours during the day?
- 7) If the child's parents or guardian are hearing impaired or limited/ non-English speaking, is foster home or placement facility accessible to them by use of an interpreter or a staff/family member who is fluent in their mode of communication? If hearing impaired, does the foster home or facility have a TDD/TTY?

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- 8) What issues remain that need to be resolved to make DCFS services accessible to the family which has been identified as having at least one member who is hearing impaired and/or limited/non-English speaking?
- 9) Has the **CFS 1410, Registration/Case Opening** form been properly coded to reflect the race/ethnicity, language and handicap of the family members?

K) **Citizenship/Undocumented Status**

- 1) Has the place of birth been established for all children included in the case review?
- 2) Are there any children who are under custody or guardianship of the Department who are foreign-born? Is either parent foreign-born?
- 3) Has permanent legal residency or citizenship been acquired through the United States Immigration and Naturalization Service (INS) for any of the children included in the case review who are foreign-born?
- 4) Is there a pending application with the INS for any of the children included in the case review or for any members of the child's family?
- 5) Does the Department have legal responsibility (guardianship) via juvenile court for the foreign-born child?
- 6) Are any of the foreign-born children placed in foster care, through DCFS or a private agency?
- 7) If the child(ren) in the case review does not have documented residency/citizenship status, has a referral been made for legalization/immigration assessment?

L) **Notice, Handbooks, and Appeal Rights**

During the course of the ACR and before obtaining client signature on the **CFS 497**:

- 1) Has it been determined and documented whether the child or family

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are members of a certified legal class that have specified rights and privileges? If so, have they been served notice of their class status and the services available to them?

2) Have they been served notice of the rights to appeal and how to make an appeal? If an appeal was requested, were they afforded a timely appeal?

//

3) Have the parent(s) and child(ren) age ten and over received Parent Handbook(s) and Child Handbook(s)? If not, have there been reasonable attempts to locate absent parent(s) or to contact child(ren)? (If any parents or children in attendance has not received a handbook, it is to be given to them at the 45 day ACR. If it is determined that parents or children age ten and over are absent from the 45 day ACR did not receive a Parent Handbook or a Child Handbook, as appropriate, the handbook shall be mailed to them along with the service plan.)

M) If This Case is Determined to be a Part of the Norman Class, the Administrative Case Reviewer Will Document on the CFS 370-2 the Following:

- 1) Names of parent and children.
- 2) Basis for DCFS involvement.
- 3) Which requirements relating to parents living circumstances are addressed in service plan?
- 4) Whether the parents current living circumstances are an obstacle to preservation or reunification.
- 5) Whether reasonable efforts were made to locate an absent parent, when the absence of the parent was a factor in whether to take or retain custody of the child or the whereabouts of the parents are currently unknown.
- 6) Service provided or referrals made.
- 7) Date child was returned or is projected to return.

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N) Relative Placement

If child is not placed with related caretakers, does the plan address what consideration has or will be given to such placement, including a search for relatives?

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SIX MONTH CASE REVIEW

The issues to be addressed at the six month case review are:

- A) **Evaluation of Progress Toward Meeting Permanency Goal Listed on 30 Day Case Plan or Most Current Case Plan**
- 1) What progress rating (Achieved, Satisfactory, Unsatisfactory) and why.
 - 2) What are the sources of information used in determining progress rating?
 - 3) If an "unsatisfactory" rating is given, identify what factors contributed to lack of progress including:
 - o adequacy of service delivery
 - o client utilization of services
 - o sufficiency of services
 - o barriers to service delivery
 - 4) Did any additional problem surface since the last case plan that have affected the progress toward goal achievement?
- B) **Evaluation of Progress to Resolve Individual Problems Listed on Part IIs**
- Same as 1), 2), and 3) above for each problem.
- C) **Service Plan Development**
- 1) Were the following involved in the development of the service plan; if so, how; if not, why not; should/does the service plan reflect inclusion of the following in ongoing case planning and service delivery activities:

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- o parents
- o children 13 years and older
- o caretaker(s) of the children
- o current service providers

D) **Permanency Goal for Child(ren)**

- 1) What is the permanency goal? If the goal is other than "return home" what is the explanation?
- 2) If goal is "return home" what alternative goals may be considered if satisfactory progress is not maintained during next 6 months?
- 3) Does the plan reflect the *earliest feasible date* for goal achievement?
- 4) Is this date consistent with the long-term needs of the child?
- 5) If the goal is "return home" and the achievement date is longer than 4 months is a rationale provided? (30 to 60 days for Norman Class members except in situations where barriers to return home can be remedied in a much shorter time frame. For example, if subsistence needs such as food, clothing, furniture, utilities are barriers to return home, they shall be provided without delay. In these instances the time frame for return home may be shorter with the approval of the court. The worker shall immediately begin the process of petitioning the court for the return home of the child.)
- 6) Does the time frame reflect the DCFS guidelines to return children home in a "reasonable" amount of time?

E) **Problems Addressed In the Service Plan**

- 1) Are the problems listed on the Part IIs consistent with those identified in the assessment and with any additional information obtained since the last case plan?
- 2) Is the resolution of these problems essential to goal achievement?

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- 3) Does the service plan (**Part IIs**) clearly indicate what constitutes a satisfactory resolution to each of the problems listed?
- 4) Does the service plan reflect what additional assessment information is needed and how it will be obtained?

F) Services to be Utilized

- 1) Services needed to eliminate imminent danger to the child's life or health.
- 2) "Hard Services" (i.e. food, clothing, shelter, utilities, furniture, etc.) -- were all resources to obtain hard services or the housing advocacy program utilized? Were any other arrangements made for meeting subsistence needs, such as an expedited referral to Public Aid?
- 3) "Soft Services" -- were counseling services or parenting education provided?
- 4) What services are currently required and what is the plan to provide them?
- 5) Are the time frames for service initiation and duration consistent with the problem to be addressed and the goal achievement date?
- 6) Does the service plan (**Part IIs**) clearly identify the responsibilities of the parent, the caseworker, the caretaker (when applicable) and the service provider in service provision and utilization.
- 7) Does the service plan include a mechanism for periodic monitoring of service utilization?

G) Family Visitation

- 1) Is the visitation plan consistent with local juvenile court requirements and the Bates-Saunders requirements?
- 2) Are the mutual responsibilities of parent, caseworker, caretaker, et al., in regard to visitation clearly identified?

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- 3) Does the plan include an explanation of whether/how the visitation will be used to improve understanding of parental strengths and weaknesses?
- 4) If siblings are placed apart does the plan provide for sibling visitation on a regular and reasonable basis?
- 5) If the grandparents have petitioned the court for visitation rights, does the plan provide for such visitation?

H) **Child's Needs**

- 1) Does the plan identify the level of care needed by the child (e.g., regular foster care, specialized foster care, institutional care, etc.)?
- 2) Have attempts been made to locate relatives? Have they been successful?
- 3) Does the plan indicate documentation used to justify placement needs, including the caretaker's input?
- 4) Does the plan address the child's medical and educational needs, (i.e. placement in same school district, special ed, handicapping conditions, etc.)?
- 5) Does the plan address needs identified in the most current EPDST?
- 6) Does the plan identify additional documentation needed to complete the assessment of child's needs and how/when such information will be obtained?
- 7) Does the plan address the child's needs regarding ethnic and familial continuity, including sibling visitation and Burgos requirements?
- // 8) If the child is of Hispanic origin and the primary language of the child's family is Spanish, is the child placed in a foster home where Spanish is spoken?
- 9) Does the plan reflect the child's need for placement continuity?

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- 10) If this is a pregnant or parenting teen, does the plan identify and address problems and services appropriate to those needs?

**I) Identification of Language/Communication Needs
(Same as 45 day case review)**

J) Assessment - Ongoing

- 1) Has subsequent contact with the family resulted in the identification of other or additional underlying causes effecting the protection of the child?
- 2) If the whereabouts of one or more of the parents is unknown, has the protocol for locating an absent parent been used and documented?
- 3) If the child is not placed with related caretakers, does the plan indicate why not?
- 4) If the goal is not "return home", have reasonable attempts to identify placement with relatives been exhausted?

K) Court Orders

Has the Juvenile Court issued any orders that effect planning/service delivery on this case? Are such orders addressed in the case plan?

L) Notice and Appeal Rights

During the course of the ACR and before obtaining client signature on the **CFS 497**:

- 1) Has it been determined and documented whether the child or family are members of a certified legal class that have specified rights and privileges? If so, have they been served notice of their class status and the services available to them?
- 2) Have they been served notice of the rights to appeal and how to make an appeal? If an appeal was requested, were they afforded a timely appeal?

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- M) If This Case is Determined to be a Part of the Norman Class, The Administrative Case Reviewer Will Document on the CFS 370-2 the Following:**
- 1) Names of parent and children.
 - 2) Basis for DCFS involvement.
 - 3) Which requirements relating to parents living circumstances are addressed in service plan?
 - 4) Whether the parents current living circumstances are an obstacle to preservation or reunification.
 - 5) Whether reasonable efforts were made to locate an absent parent when the whereabouts of the parent are currently unknown.
 - 6) Service provided or referrals made.
 - 7) Date child was returned or is projected to return.

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TWELVE MONTH CASE REVIEW

This issues to be addressed at the twelve month case review are:

- A) **Evaluation of Progress Toward Meeting the Permanency Goal Listed on the 6 Month or Most Current Case Plan**
(Same issues to be addressed as at 6 month case review)
- B) **Evaluation of Progress to Resolve Individual Problems Listed on the CFS 497 Part IIs**
(Same as at 6 month case review)
- C) **Development of Current Service Plan**
(Same issues to be addressed as at 6 month case review)
- D) **Permanency Goal for Each Child**
 - 1) What is the proposed permanency goal?
 - 2) If the goal is "return home":
 - what is the rationale for use of this goal?
 - have the following alternatives been considered; if so, why are they not being adopted; if not considered, why not?
 - o referral for legal screening to terminate parental rights
 - o long-term placement with related caretakers (with or without successor guardianship)
 - what alternative goals may be considered if satisfactory progress is not maintained during the next 6 months?
 - 3) If goal other than "return home" is being proposed, how will this goal meet the permanency needs of the child?

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- 4) If the child is 16 years or older and is expected to remain in care on a long-term basis, is the goal "independence"? If not, why not?
- 5) Does the plan reflect the *earliest feasible date* for goal achievement?
- 6) If the goal is "return home" and the achievement date is longer than four months is a rationale provided? (30 to 60 days for Norman Class members except in situations where barriers to return home can be remedied in a much shorter time frame. For example, if subsistence needs such as food, clothing, furniture, utilities are the only barriers to return home, they shall be provided without delay. In these instances the time frame for return home may be shorter with the approval of the court. The worker shall immediately begin the process of petitioning the court for the return home of the child.)
- 7) Does the time frame reflect the DCFS guidelines to return children home in a "reasonable" amount of time.

E) **Problems Addressed in the Service Plan**

- 1) Are the problems listed on the **CFS 497 Part IIs** consistent with the service needs identified in **Part I**?
- 2) Is the resolution of these problems essential to goal achievement?
- 3) Does the case plan (**Part IIs**) clearly indicated what constitutes a satisfactory resolution to each of the problems listed?

F) **Services to be Utilized**

(Same as 6 months)

G) **Family Visitation**

- 1) Is the parent-child visitation plan consistent with local juvenile court requirements and with the Bates-Saunders requirements?
- 2) Are the mutual responsibilities of parent, caseworker, caretaker, et al, in regard to visitation clearly identified?
- 3) If permanency goal is "return home" does the plan include an

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explanation of whether/how the visitation will be used to improved understanding of parental strengths and weaknesses?

- 4) If the goal is not "return home" and parental rights have not been terminated, is visitation frequency consistent with the child's needs for contact and the parents rights?
- 5) If siblings are placed apart does the plan provide for sibling visitation on a regular and reasonable basis?
- 6) If the grandparents have petitioned the court for visitation rights, does the plan provide for such visitation?

H) **Child's Needs**

(Same as at 6 months)

I) **Relative Placement**

(Same as at 6 months)

J) **Identification of Language/Communication Needs**

(Same as at 6 months)

K) **Court Orders**

(Same as at 6 months)

L) **Notice and Appeal Rights**

(Same as at 6 months)

M) **Documentation of Norman Class**

(Same as at 6 months)

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EIGHTEEN MONTH AND SUBSEQUENT REVIEWS

Issues to be addressed at the eighteen month administrative case review are:

- A) **Evaluation of progress toward meeting the permanency goal listed on the 12 month or most current case plan.**
(Same as at 6 and 12 months)
- B) **Evaluation of progress to resolve individual problems or address issues listed on the CFS 497 Part IIs.**
(Same as at 6 and 12 months)
- C) **Development of Current Case Plan**
(Same as at 6 and 12 months)
- D) **Permanency Goal for Each Child**
 - 1) What is the permanency goal?
 - 2) If the goal is not "return home" or "adoption", why has adoption been ruled out?
 - 3) If the goal is not "return home" and the child is placed in a foster home, what are the preferences of the foster parents in regard to long-term care of the child; are these preferences reflected in the case plan; if not, why not?
 - 4) If the goal is adoption, what efforts are being made to locate and/or secure an adoption resource?
 - 5) If the child is 16 years or older and is expected to remain in substitute care, is "independent living" the goal; if not, why not?
 - 6) Does the plan reflect the *earliest feasible date* for goal achievement and is this date consistent with the permanency needs of the child?
 - 7) Does the time frame reflect the DCFS guidelines to return children home in a "reasonable" amount of time?

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- E) **Problems Addressed in the Service Plan**
(Same as at 12 months)
- F) **Services to be Utilized**
(Same as at 12 months)
- G) **Family Visitation**
(Same as at 12 months)
- H) **Child's Needs**
(Same as at 12 months)
- I) **Assessment - Ongoing**
(Same as at 12 months)
- J) **Identification of Language/Communication Needs**
(Same as 6 and 12 months)
- K) **Court Orders**
(Same as at 12 months)
- L) **Notice and Appeal Rights**
(Same as at 12 months)
- M) **Documentation of Norman Class**
(Same as at 12 months)

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APPENDIX I

**Instructions for Conducting
a Relative Permanency Assessment**

A Relative Permanency Assessment consists of:

- 1) **CFS 1 442B, Assessment Questions**
- 2) **CFS 1442, Relative Caregiver Factor Assessment Worksheet**
- 3) **CFS 1442A, Relative Permanency Assessment Checklist**

A Relative Permanency Assessment should be completed for each relative caregiver family that is subject to review. To recommend the permanency option Delegated Relative Authority (“DRA”), a Relative Permanency Assessment must be completed using the **CFS 1442B, 1442, and 1442A** and must be accompanied by a CFS 497 that also recommends assignment of delegated relative authority.

Caregiver Assessment Questions (CFS 1 442B)

The caseworker should ask the caregiver(s) these questions and record the response during a home visit. When asking questions #9 and #10, the caseworker must take time to explain thoroughly to the caregiver(s) the permanency options of private guardianship and adoption. Take the time to answer caregiver(s) questions about these permanency options and to explore potential interest in adoption or private guardianship.

Please Note: Do not assume that caregivers understand the implications of adoption for themselves or for children in care. Many caregivers do not realize that adoptions can be subsidized, that children may keep their own last names, or that the children’s birth certificates do not have to be altered to reflect the legal transfer of caregiving responsibilities.

Relative Caregiver Factor Assessment Worksheet (CFS 1442)

The **CFS 1442, Relative Caregiver Factor Assessment Worksheet**, is similar to the **CFS 1440**, except the form assesses the relative caregiver(s), and not the biological parent(s). For more specific instructions see Procedures 305, Client Service Planning, **Appendix J, Instructions for Completing a Relative Caregiver Assessment Factor Worksheet**.

Relative Permanency Assessment Checklist (CFS 1 442A)

A separate checklist should be completed for each child who is being assessed for delegated relative authority. The checklist should be completed after the **CFS 1442B, Caregiver Assessment Questions, CFS 1442, Factor Assessment Worksheet**, and **CFS 497** have been completed. It reflects the criteria that a placement must meet prior to recommending Delegated Relative Authority. If the caseworker has answered “yes” to all of the questions on the checklist, the child being assessed is a good candidate for delegated relative authority.

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The recommended permanency goal on the **CFS 497** should reflect the findings of the assessment.

Once the assessment is completed, the caseworker and supervisor should review the Assessment forms (**CFS 1442, 1442A, and 1442B**) and the **CFS 497**. If after completing a Relative Permanency Assessment the caseworker/supervisor does not feel that Delegated Relative Authority is a suitable permanency option, the reasons should be clearly stated in the space provided on the Relative Permanency Assessment Checklist. A Relative Permanency Assessment, along with any supporting documentation, should be brought to the next administrative or unscheduled case review so the permanency goal/option can be changed as determined appropriate by the assessment.

- 1) The Relative Permanency Assessment forms (**CFS 1442, 1442A, and 1442B**) should be completed in addition to a **CFS 497** whenever recommending a case for Delegated Relative Authority. These forms must be completed at every case review following the assignment of a child/family to Delegated Relative Authority status.
- 2) Delegated Relative Authority is to be assigned only to those cases where it has been documented that reasonable efforts have been made to include the biological parent(s) in services, but where the biological parent(s) has not been available for participation in such services. If a biological parent(s) becomes active in the service plan, the permanency goal should be changed from Delegated Relative Authority to a permanency option/goal that reflects parental participation.
- 3) The assignment of Delegated Relative Authority does not mean that adoption should not be pursued for children who are placed with relative caregivers who may potentially consider an adoptive placement. Delegated Relative Authority can be assigned while a case is being prepared for legal screening/termination.

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APPENDIX J

Instructions For Completing The Relative Caregiver Assessment Factor Worksheet

Part I General Instructions

Part I contains general instructions for completing the **CFS 1442, Relative Caregiver Assessment Factor Worksheet**. Part II is a descriptive list of factor-specific variables designed to help workers determine whether a risk value of “Low”, “Intermediate”, or “High” should be assigned in each category. The variables in Part II have been designed to identify potential strengths as well as weaknesses in the family’s functioning. The list, however, is not comprehensive and should be used only as a guide. Workers are to assess the unique circumstances of each case and make appropriate determinations. If the worker perceives a factor to be between two risk variables, chose the higher of the two variables.

“Intermediate” and “High Risk” ratings should always be viewed as more serious than “Low Risk” ratings. The “Low Risk” rating should be used when there is no or little risk present. “Insufficient Information to Assess” should only be assigned if the worker does not have the appropriate information needed to make an assessment. Factors that are rated as “Insufficient” should be assessed further before making any changes to the current permanency goal/option.

The following instructions explain how each section of the worksheet should be completed:

A. Identification

1. Relative Caregiver Name: Enter the first and last name of the primary caregiver.
- 2-4. Secondary Caregivers: Enter the first and last names of any other people living in the household who share the caregiving responsibilities.
5. Relative Caregiver I.D.: Enter the primary caregiver’s DCFS identification number.
6. Relative Caregiver Address: Enter the caregiver’s address.
7. Date: Enter the date when the worksheet is completed.

Names of Children in Household: Enter the first and last names of each foster child in the household who is being assessed.

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B. Child Assessment Factors

Match the names and number of Child 1 through Child 6 in this section with the children listed in the section “Names of Child(ren) in Household” (Example: the child listed as Child 1 in the section “Names of the Child(ren) in Household” is referred to as Child 1 on the worksheet). Rate each child on each factor- there are no exceptions. Refer to Part II as needed to determine which risk variable is the most appropriate. If any factor is rated as “Insufficient Information To Assess”, “Intermediate Risk”, or “High Risk”, explain the reason for the rating under the “Explanation” section. In the “Highest Risk” column, put the highest ranked variable from that specific row.

Factor 5: Make an overall assessment of the child’s ability to function independently. Variables to consider are the child’s physical, intellectual, and developmental abilities and the child’s chronological age.

Factor 6: Assess the child’s behavior. Take into consideration any inappropriate behavior that the child displays at school, at the caregiver’s home, or with the child’s peer group.

Factor 7: Assess the child’s relationship with the caregiver and the child’s attitude/behavior toward the caregiver.

Factor 8: Assess the child’s interaction with peers and siblings. This should include a consideration of both the extent and type of interaction.

C. Caregiver Assessment Factors

Match the names of the caregiver(s) listed in this section with those listed in Section A (For example: the caregiver listed as the primary caregiver would be referred to as Caregiver “1 “). Rate each caregiver for each factor- there are no exceptions. Refer to **Part II** as needed to determine which risk variable is the most appropriate. If any factor is rated as “Insufficient Information To Assess”, “Intermediate Risk” or “High Risk”, explain the reason for the rating under the “explanation” section. In the “Highest Risk” column, put the highest variable that was ranked in that specific row.

Factor 9: Assess the caregiver(s) physical, developmental, and intellectual ability to care for and raise the child(ren).

Factor 10: Assess the caregiver(s) interaction, attachment, and affection exhibited toward the child(ren).

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- Factor 11: Assess the primary caregiver's interaction, attachment and affection with the secondary caregiver(s). If there is only one caregiver, rate this factor as "2".
- Factor 12: Assess the caregiver's quality of care and supervision that the caregiver(s) provides the child(ren).
- Factor 13: Assess the caregiver's past and present use of alcohol and drugs. If the caregiver(s) has no known history of alcohol/drug misuse, rank this factor "2".
- Factor 14: Assess the caregiver's past and present involvement in criminal activity. If the caregiver(s) has no known criminal history, rank this factor "2".
- Factor 15: Assess the caregiver's past and present emotional and mental health status as it affects the caregiver's child rearing abilities. If the caregiver(s) have no known history of psychological disorder, rank this factor "2".
- Factor 16: Assess the caregiver's ability to monitor and supervise the parent/child visits in compliance with the visitation plan. If visits do not occur because the parent(s) are not available for visitation, rank this factor "2".

D. Caregiver Family Assessment Factors

Refer to Part II as needed to determine which risk variable is the most appropriate. If any factor is rated as "Insufficient Information To Assess", "Intermediate Risk", or "High Risk", explain the reason for the rating under the "Explanation" section. In the "Highest Risk" column, put the highest variable that was ranked in that specific row.

- Factor 17: Assess the family's (family is defined as those people who reside in the household or have close contact with the members of the household) overall ability to function.
- Factor 18: Assess the family's level of support and type of interaction with extended family, neighbors, community events, and cultural/ethnic support systems.
- Factor 19: Assess the family's history as it pertains to the child(ren) in care and/or the caregiver(s).

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Factor 20: Rank the level of risk that is present to the child(ren) because a paramour or parent substitute is involved with the child rearing. If there is no parent substitute or paramour in the home, rate the factor “2”.

Factor 21: Assess the environmental condition of the home in regard to its affect on the safety and well being of the child(ren) in care.

E. Service Provider Assessment Factor

Refer to Part II as needed to determine which risk variable is the most appropriate. If any factor is rated as “Insufficient Information To Assess”, “Intermediate Risk”, or “High Risk”, explain the reason for the rating under the “Explanation” section. In the “Highest Risk” column, put the highest rated variable from that specific row.

Factor 22: Make an assessment of the caregivers’ level of cooperation with DCFS or purchase of service agency worker.

Factor 23: Assess the caregivers’ timeliness in getting the child(ren) to various referrals and appointments required by the service plan.

Factor 24: Assess the caregivers’ degree of cooperation and success in achieving the established goal of the service plan.

Factor 25: Refer to service plan and evaluate how the services provided to the child(ren) and family have reduced or resolved previously assessed risk concerns.

F. Caregiver Family Strengths

Document all of the family’s strengths and resources. Be specific and include ability to seek out and use information on the family’s interaction, support system, and resources and services outside of the family when necessary.

1. Tally of Assessment Codes for the Assessment Factors

Refer to the “Highest Risk” columns in Sections “A”, “B”, “C”, “D” and “E” and do the following: count the number of factors that were assigned a value of “4” and enter this number in Section 1 a (High Risk); count the number of factors assigned a value of “3” and enter that number in Section 1 b (Intermediate Risk); count the number of factors assigned a value of “1” and enter that number in Section 1 d (Insufficient Information to Assess).

2. Overall Risk Rating

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Compare the number of “High”, “Intermediate”, and “Low” risk values assigned to the twenty-five factors assessed and examine the family strengths that are noted in Section F. Use these two assessments to assign an overall risk rating. This risk rating indicates the level of risk the child(ren) is exposed to in the caregivers’ home. Base the overall rating on the following definitions:

Low Risk: After assessment of all twenty-five factors, the perceived level of risk to the child(ren) is low.

Intermediate Risk: After assessment of all twenty-five factors, the perceived level of risk to the child(ren) is intermediate and additional services are necessary to ensure the child(ren)’s safety. This implies that the risk can be resolved by closer monitoring of the home, by providing additional services in the home, or by referring the relative family to other service providers.

High Risk: After assessment of all twenty-five factors, the perceived level of risk is high and the child(ren) is at risk of imminent harm.

G.(1) Assessment Recommendations

Determine your assessment recommendation and mark the appropriate box in Section G1. If your recommendation is not the same for all children in the home who are being assessed, mark all of the recommendations that apply and place the name of the child(ren) next to the specific goal/option that was recommended for him/her.

G.(2) Service Recommendations

Explain the reasons for choosing the assessment recommendation(s). State the reasons that the chosen assessment recommendation(s) is appropriate for the entire family and why other assessment recommendations are inappropriate. Specifically state the services that the family needs to assist them with movement toward a more suitable permanency option/goal.

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Part II Variables for the Assessment

Factor 5 Child's Age/Physical/Mental Abilities

Low

Risk: Ten years of age and over or age of child represents no special risk; no obvious physical, mental, or emotional handicap or disability; child is generally healthy; child is mature enough to care for and protect self/others with little or no assistance; child displays no indicators of developmental problems; or child has mild or minor physical/mental handicap or disability but condition has not influenced child's risk profile; child's current health problems are being addressed by the caretaker adequately and/or are being treated by a professional; developmental disabilities or mental retardation is known and being addressed or treated by a qualified professional.

Intermediate

Risk: Five to nine years of age; child is not mature enough to care for/protect self without periodic/regular/frequent adult assistance/supervision; ten years and older with moderate physical/mental handicap or disability that has restricted some daily activities of the child; chronic illness that is not life threatening requiring continuous medical treatment/care; physical condition that restricts child's functioning which is not recognized/treated; child is delayed/lags in one or more of the major developmental stages, requiring some special treatment.

High

Risk: Less than five years of age especially premature/low birth weight, drug affected infants; five years and older with severe/chronic physical, mental, emotional handicap/disability that restricts child's activities significantly; severe/chronic illness, requiring special medical and/or continual treatment/care; significant delays in one or more areas of major developmental stages; child unable to care for/protect self without constant adult assistance/supervision.

Factor 6 Child's Behavior

Low

Risk: Child's behavior seems age appropriate; no known history of hyperactivity; no history of mental illness or psychiatric treatment; no known history of drug/alcohol misuse; normal school attendance; no history of running away; child is never denied access to the home; no history of criminal and/or delinquent behavior; infant has regular eating and sleeping habits; child's behavior is generally age appropriate; mild episodes of hyperactivity; minor psychiatric distress or depression; one time incident of experimental use of mood-altering drug or alcohol; minor truancy/tardiness problems at school; verbal threats of running away that are not followed up; previous record of

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minor criminal/delinquent behavior; known behavioral problem is being addressed by the caretaker adequately and/or treated by a qualified professional.

Intermediate

Risk:

Child's behavior is disruptive or uncontrollable; child displays frequent patterns of hyperactivity, infantile behavior that negatively affects the interaction with others; child has mental health condition that is currently affecting the child's ability to function within normal limits; currently displaying a pattern of withdrawn behavior at school, with friends, or at home; occasional use of mood-altering drugs and/or alcohol, which impairs the child's decision-making ability; child is periodically truant or tardy to school; has run away frequently for short periods of time but returns voluntarily; child was locked out and is still denied access to the home but other appropriate care arrangements have been made; previous record of or current involvement in nonviolent criminal/delinquent behavior; infant is fussy, has irregular eating/sleeping habits that place added stress on the caretaker(s).

High

Risk:

Child's behavior is extremely violent, disruptive, or dangerous; severe/chronic patterns of hyperactivity that negatively influences child's ability to function; diagnosed chronic mental health illness/condition; history of suicide attempts or is currently speaking openly of suicide; child is currently exhibiting self-destructive tendencies and behaviors and no treatment has been sought or received; child's sexual behaviors are excessive or not appropriate; admitted or diagnosed chemical/alcohol dependency or abuse; child strongly identifies with, or associates with, chemical or alcohol abusing peer group; no school attendance and is of mandatory attendance age; chronic runaway, is absent for long periods, never returns voluntarily; denied access to the home and refuses to cooperate with alternate care arrangements; previous record of or current involvement in serious or dangerous criminal/delinquent behavior; infant that has severe colic, prolonged crying spells, and irregular sleeping/eating habits.

Factor 7

Child/Caretaker Interaction

Low

Risk:

Child responds/relates to caretaker in age-appropriate manner; child is able to engage in positive interaction with caretaker; child/caretaker roles are age appropriate; child is able to develop trusting relationship with caretakers; or minor conflicts with caretaker that are seldom long term and are easily resolved; child may resent caretaker but does not ignore/reject caretaker entirely; child shows infrequent expressions of fear or mistrust towards caretaker.

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Intermediate

Risk: Interaction is disruptive or conflictive frequently; child does not respect caretaker and is not motivated to change; child shows ambivalence, apprehensiveness, or suspicion towards caretaker; child is overly compliant with caretaker; significant role reversal is occurring, child assuming an inappropriate number of caretaker responsibilities or functions; child appears inappropriately fearful of mistrustful of caretaker in most interactions.

High

Risk: Interaction is extremely disruptive, violent, or unpredictable; child is unable/unwilling to form a more positive relationship with the caretaker; child is unable/unwilling to accept or respond to caretaker as an authority figure; child is extremely passive, fearful, defiant, or hostile toward caretaker; complete role reversal has occurred with the child assuming the majority of caretaker responsibilities or functions; child rarely displays any affection to or acceptance of caretaker; child is withdrawn, aloof, or guarded to caretaker.

Factor 8 **Child's Interactions with Siblings, Peers, and Others**

Low

Risk: Child interacts with siblings, peers or others in age appropriate manner; no sibling conflict or rivalry; child is too young to interact with others outside the family; child is able to maintain or develop friendships; infrequent episodes of minor conflict or rivalry with siblings, peers, and/or others; sibling/peer interactions have been negative in the past but no current indication of problems.

Intermediate

Risk: Child is victimized by or victimizes siblings, peers, or others to the point of experiencing stress and mild abuse; interaction is limited to siblings, peers and others who are younger than self; peer interactions are generally problematic or stressful with a negative impact on the family; sibling/peer conflicts are frequent, often escalating out of caretaker control; child ignores or withdraws from interactions with siblings, peers, or others; child displays frequent hostility or oppositional behavior towards authority figures.

High

Risk: Child is severely abused or frequently exploited by siblings, peers, or others; child is ostracized or scapegoated by siblings, peers, or others; child engages in sibling rivalry that is expressed aggressively or violently; child's interaction is described as unpredictable or extremely violent, requiring separation or constant caretaker supervision; child has no peer interaction, interaction is confined to adults or children substantially younger than self; child's interaction with siblings, peers, or others is largely negative due to current criminal

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activity, delinquency, drug abuse, truancy, or other socially unacceptable behavior, including sexual aggressiveness/forcefulness.

Factor 9 Caretaker's Physical, Developmental, and Intellectual Abilities

Low

Risk: Caretaker has no observable illness or disability that limits caretaker's ability to provide adequate child care; caretaker is viewed as competent, in full control of mental faculties caretaker has illness or disability that is not life threatening and has no impact on the caretaker's ability to provide adequate child care; caretaker's illness or disability may affect the caretaker's ability to care for the child; minor illness or disability causes some erratic child care; minor physical or developmental limitation impairs caretaker's ability to provide child care; with services, caretaker has been able to maintain child care responsibilities.

Intermediate

Risk: Caretaker appears to have a physical or developmental disability that significantly interferes with or limits caretaker's ability to provide adequate child care; caretaker has a reported illness or disability that is untreated or deteriorating to the point that the caretaker requires supplementary services to maintain child care role; caretaker has a reported intellectual limitation that adversely affects the caretaker's ability to provide minimal child care and protection; caretaker has demonstrated poor reasoning abilities; caretaker has serious communicable disease that poses health threat to the child, although it does not impair child caring capacity.

High

Risk: Caretaker has diagnosed acute or chronic illness/disability that poses a serious risk to the child, due to severely impaired child caring capacity of the caretaker; caretaker has severe intellectual limitations that negatively affect the caretaker's ability to provide minimal child care; caretaker demonstrates poor conception of reality; caretaker has demonstrated extremely poor reasoning abilities and no immediate improvement is expected even with specialized, intense treatment.

Factor 10 Caregiver/Child Interaction

Low

Risk: Interaction demonstrates appropriate attachment, affection, and acceptance; caretaker exhibits appropriate bonding in interaction with child; caretaker speaks positively of the child; caretaker expresses approval of child often and spontaneously; caretaker expresses and/or demonstrates attachment, affection, and acceptance, though usually not openly or spontaneously; caretaker exhibits

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some degree of bonding; caretaker speaks positively of the child most of the time; caretaker sees child as occasionally disruptive, different, or bad;

Intermediate

Risk: Caretaker rarely demonstrates attachment, affection, or acceptance in interaction with child; caretaker is uncomfortable with physical contact; limited bonding or affection shown to child; caretaker blames child for family problems, views child as disruptive, and/or labels child in a derogatory manner; caretaker disapproves or criticizes child more often than necessary; caretaker consistently speaks to and/or about child in a resentful, vindictive, or angry manner;

High

Risk: Complete absence of indicators that demonstrate attachment, affection, or acceptance between caretaker and child; no physical contact and absence of bonding in caretaker/child interactions; caretaker views child as an outsider, something evil, bad, or actually hated; caretaker displays no behavior indicators of attachment, affection for or acceptance of child; caretaker constantly overemphasizes presence of faults and deficiencies of child; caretaker perceives child as personal threat or caretaker states inability to control child's behavior.

Factor 11 Caregiver-Caregiver Interaction

Low

Risk: There is only one caretaker; caretakers demonstrate positive affection and emotional support in their interaction; caretakers communicate in a positive manner with each other; caretakers verbalize and exhibit appropriate sharing of authority/power in child care responsibilities; no indication of ongoing custody conflicts or disputes between caretakers; caretakers support each other in all important decisions and rarely engage in verbal conflicts/arguments; caretakers demonstrate occasional problems in their expression of affection and emotional support; communication is disrupted by occasional episodes of verbal conflict; caretakers experience minor breakdowns in the authority/power related to child care responsibilities; caretakers admit to rare instances of minor physical discord in marital disputes.

Intermediate

Risk: Caretakers rarely display affection or have diminishing emotional ties; caretaker's communication is limited to periods of shouting, yelling, or frequent arguments; one caretaker dominates the interaction, the other caretaker has assumed a submissive caretaker role; one caretaker has assumed all authority/power in child rearing practices; caretakers are in direct competition for child's affection or are engaged in hostile custody/court proceedings; caretakers rarely demonstrate support for each other in important matters or decisions; caretakers are reported to engage in frequent episodes of physical

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contact/fighting but no documented reports of serious injuries or objects used; though currently separated, reconciliation is anticipated by both caretakers.

High Risk:

Caretakers have never demonstrated positive affection or emotional ties in their interaction; violent arguments or threats of harm represent the only reported form of communication between caretakers; dominant caretaker uses authority/power to intimidate or verbally abuse the other caretaker; other caretaker is viewed as property, servant or unequal; hostile custody/court proceedings have negatively affected the interaction of the caretakers; physical violence resulting in injuries frequently occurs in disputes or there are threats of continuing violence being made by one or more caretakers; primary caretaker displays an ongoing pattern of entering into multiple, short-lived or unstable paramour relationships; current separation, no reconciliation is anticipated.

Factor 12 Caretaker's Parenting Skills/Knowledge

Low Risk:

Caretaker's level of care or supervision is adequate for child's age/special needs or child has the ability to care for self; method of physical discipline consistent and appropriate to child's age or misconduct; verbal discipline is controlled and appropriate to the child's age or misconduct; caretaker has demonstrated the ability to understand/meet the minimal medical, emotional, food, clothing, and shelter needs of the child; caretaker has demonstrated adequate money management skills; or caretaker's level of care or supervision may not be adequate on occasion and child has only a limited ability to care for self; method of discipline is generally consistent and age appropriate but sometimes caretaker is careless, too rigid, or permissive with discipline; verbal discipline is generally controlled and appropriate to child's age or misconduct; caretaker is generally consistent in meeting the minimum medical, emotional, food, clothing, and shelter needs of the child.

Intermediate Risk:

Caretaker's level of care or supervision plan places the child at some risk but child has never been actually harmed; method of discipline administered to child is inconsistent, some discipline is not appropriate to child's age or misconduct; verbal discipline seems inappropriate to the child's age or misconduct; caretaker demonstrates poor knowledge of age appropriate behaviors that can be expected of the child and makes demands that frustrate both child and caretaker; caretaker has expressed or demonstrated difficulty in meeting the minimum medical, emotional, food, clothing, and shelter needs of the child; caretaker has demonstrated poor judgement regarding money management and this judgement has occasionally deprived child of medical treatment, food, clothing, or shelter.

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High

Risk:

Caretaker's level of care or supervision plan for child has repeatedly exposed the child to danger and caretaker refuses to develop/implement corrective care or supervision plan; caretaker consistently administers discipline that is inappropriate or excessive compared to child's age or misconduct; physical discipline is the caretaker's only response to child's misconduct and pattern of physical discipline is escalating in severity; verbal discipline is consistently inappropriate and excessive in response to every child misconduct; caretaker demonstrates poor understanding of age appropriate child behaviors, resulting in unrealistic demands of the child most of the time; caretaker sets excessive number of rules, demands complete obedience, or consistently sets expectations for child too high; caretaker has few rules, rarely disciplines child, expectation for child set too low, allowing child's behavior to become unmanageable; caretaker is consistently rigid, inflexible, violent, or sadistic in child care practices; caretaker is unwilling or unable to meet minimum medical, emotional, food, clothing, or shelter needs of child.

Factor 13

Caretaker's Substance/Alcohol Misuse

Low

Risk:

No evidence of any history of substance/alcohol misuse or dependency; former substance or alcohol abuser has successfully completed a recognized treatment program; past or current substance/alcohol consumption poses no risk to child; or alcohol is consumed only in moderation and caretaker is not incompetent or out of control when drinking; caretaker has admitted to substance/abuse misuse but is actively participating in recognized treatment program; substance or alcohol misuse is present but does not constitute any risk to the child.

Intermediate

Risk:

Current substance alcohol dependency has been verified but does not constitute an immediate danger to the child; caretaker is currently experimenting or using several substances/drugs, use tends to be episodic and has not had serious consequences or significantly reduced ability to parent; substance or alcohol abuse is not physically/psychologically addictive at this time but pattern of misuse or dependency is escalating; caretaker admits to current substance/alcohol misuse and is reluctant to seek treatment; caretaker is periodically incapable of caring for child due to substance/alcohol misuse, ability to make or assure adequate child care arrangements is deteriorating.

High

Risk:

Caretaker admits to and/or displays signs of substance dependency or addiction and this poses an immediate threat to the child; caretaker's life revolves around

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the use of or obtaining drugs or alcohol; caretaker is unable or unwilling to control substance misuse; caretaker maintains frequent contact and/or strong identification with suspected substance abusers; caretaker refuses treatment or is a chronic treatment dropout; substance misuse poses risk to family's financial resources, negatively affecting the caretaker's ability to meet basic needs of the child.

Factor 14 Caretaker's Criminal Behavior

Low

Risk: No evidence of any past or current caretaker criminal activities; previous history of criminal activity by the caretaker poses no current risk to the child; or previous record of arrests for nonviolent crimes that did not involve the child; caretaker is on probation and is meeting all requirements of probation.

Intermediate

Risk: Caretaker is charged with or admitted to current participation in felonious criminal activity; previous record of violent crimes perpetrated against nonrelated adult victims; habitual criminal activity that currently interferes with caretaker's ability to provide minimal child care; habitual criminal activity and/or gang related activity presents a clear danger but child has never been actually harmed.

High

Risk: Caretaker has a confirmed arrest record including use of force or violence against children; previous history of violent crimes perpetrated against an immediate family member; habitual criminal activity that severely impairs the caretaker's current ability to provide minimal child care or supervision; habitual criminal activity that severely impairs the caretaker's current ability to provide minimal child care or supervision; habitual criminal activity and/or gang related activity repeatedly exposes child to immediate danger from high risk environment.

Factor 15 Caretaker's Emotional and Mental Health

Low

Risk: Caretaker has no history nor current observable symptoms of mental illness or psychological disturbance; caretaker has past history of mental disorder or is experiencing mild or transient symptoms of psychological distress due to stressful life events (e.g., death of close relatives, change in finances); current psychological disorder or mental illness does not impair caretaker's ability to provide minimal child care; psychological disorder or mental illness exists but

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caretaker is receiving treatment that can bring about control, does not pose current risk to child.

Intermediate

Risk: Due to mental disturbance, caretaker functioning is impaired in a number of life areas including some impairment of his or her ability to perform minimal child caring duties or some tasks, or activities could be substantially affected while others remain unaffected; symptoms may include pathological self-doubt, excessive aggression, avoidance of others, depression, suicidal preoccupation or gestures, severe obsessional rituals, or frequent anxiety attacks; condition is not attributable to some specific event that will pass (not transient or temporary);* caretaker is currently exhibiting behavioral indicators that may be a sign of deteriorating mental health and psychiatric treatment is not being sought, is reluctant to seek treatment, or is inconsistent in follow through in treatment.

High

Risk: Caretaker may be unable to function independently and is a danger to self and others; delusions, hallucinations, an inability to communicate, severe depression, or a history of recent suicide attempts may be present or, though capable of some independent functioning and self care, is unable to carry out tasks and activities essential to family functioning including child care and protection; symptoms may include disturbances in judgement, thinking, mood, and reality testing; may be unwilling to seek treatment; caretaker is currently making verbal threats to harm the child during episodes of distress.

Factor 16 Caregiver's Ability to Supervise Visits.

Low

Risk: Caretaker always follows the visitation plan. Parent/child visits are conducted in an appropriate manner. Caregiver ensures the child is safe at all times during the visit. Caretaker informs the worker of visits and reports any unusual incidents that occur.

Intermediate

Risk: Caretaker almost always follows the visitation plan, however, there have been incidents reported where parents and child visited without proper supervision. Caretaker does not always monitor visits. Caretaker does not always inform the caseworker of visits.

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High

Risk: Caretaker does not follow the visitation plan. Parents are left without any supervision during parent/child visits. Incidents have occurred in which caretaker allowed the child to leave the premises with the parent. Caretaker has allowed the parent to sleep over at the house. Visits are not reported to the worker.

Factor 17 Family Interactions/relationships

Low

Risk: Positive family interactions observed; family appears close, supportive, and caring; family unit is currently stable; family conflicts are resolved without further incident; age appropriate sharing of responsibilities among the family members; family appears to cope well with all forms of stress; caretaker has stable marriage or stable relationship with paramour; or family is close most of the time but there are occasional relationship problems; some disorganization is present regarding sharing of responsibilities but family is functional; family copes adequately with minor forms of stress but has occasional problems handling major forms of stress; recent alteration or breakdown in family structure, members are adapting.

Intermediate

Risk: Family is disorganized; conflict is causing family problems or dysfunction; some family members have isolated themselves, which has resulted in unsupportive and indifferent interactions among family members; due to authoritarian household member there is very little sharing of responsibilities among family members and family members are distanced from each other; family seems unable to cope with minor forms of stress without becoming overwhelmed; marriage or primary caretaker/paramour relationship is unstable, with little or no positive interaction occurring among family members; family is adapting poorly to breakdown in family structure or significant changes.

High

Risk: Family members display hostility and aggression to each other in most interactions; family interactions demonstrate no affection of attachment between family members; constant disorganization is present regarding sharing of responsibilities, creating an atmosphere of chaos, confusion, and mistrust; family structure appears unable to cope with crisis or major and minor forms of stress; marriage or primary caretaker/paramour relationship consists of primarily negative interactions, characterized by serious disruption in family functioning; family interaction is highly dysfunctional; relationships appear to provide no mutual support.

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Factor 18 **Strength of Family Support Systems**

Low

Risk: Extended family, neighbors, friends, and/or cultural/ethnic support systems are available, and offer suitable support and assistance. The family experiences no barriers to available resources because of geographic locations, economic limitations, or cultural language/ethnic difference; the family routinely uses external support systems in crisis as well as when dealing with everyday problems. Family and/or existing support systems have sufficient income or resources to meet minimal food, shelter, clothing, educational, or health care needs. Extended family, neighbors, friends, and/or cultural ethnic support systems are available and generally will respond to most requests for assistance. The family experiences some difficulty accessing existing support systems because of geographic location, economic limitations, or cultural/ethnic/language differences. The family is able to access support systems although often waiting until serious crisis develops before seeking assistance. Family and/or existing support systems (although at times experiences difficulty) usually have sufficient income or resources to meet minimal food, shelter, clothing, educational, or health care needs.

Intermediate

Risk: Extended family, neighbors, friends, and/or cultural/ethnic support systems are inconsistent, and are not routinely available to the family; The family experiences frequent difficulty in accessing existing support systems because of geographic location, economic limitation, or cultural/ethnic/language differences; family is partially isolated. The family often has difficulty linking itself with available existing support systems when in crisis. Frequently the family and/or existing support system have difficulty meeting minimal food, shelter, clothing, educational, or health care needs.

High

Risk: Family has no positive interactions with extended family, neighbors, friends, or cultural/ethnic support systems, or there is no support system that can provide substantial help or assistance; or existing support systems are unable to provide the assistance or resources necessary to help the family cope with current stress/conflict.

Family is isolated from ethnic group and language/cultural differences have negatively affected the ability of external support systems to provide assistance; family is experiencing serious financial difficulties and support systems cannot provide the family with financial assistance. Family is completely isolated from external support systems or the family has

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intentionally avoided existing support systems. Family currently is unable to meet minimal food, shelter, clothing, educational, or health care needs.

Factor 19 History of Abuse or Neglect in Family

Low

Risk: No previous history of child protection intervention; previous history of indicated abuse/neglect reports pose no current risk to the child; caretaker(s) reports a childhood history with no significant incidents of parental abuse/neglect; or previous history of agency involvement consisted of only minor incidents or problems of abuse or neglect in the family; previous incidents left no physical or emotional scars to child and represents only minor risk to the child; caretaker reports a childhood history of minor abuse or neglect.

Intermediate

Risk: Several previous indicated reports, that are becoming increasingly severe in terms of potential harm to the child and actions of the caretaker; more than one previous indicated report of abuse/neglect that involved the same caretaker/child; previous indicated report of abuse/neglect that involves multiple child victims and/or multiple perpetrators; caretaker(s) reports a personal history of maltreatment by parents and/or agency records or collaterals confirm past child protection intervention.

High

Risk: Several previous indicated reports, increasingly severe and frequent, which have harmed or currently threatens serious harm to the child; same child is repeatedly targeted for abuse/neglect by same caretaker(s) or multiple perpetrators in the family; previous indicated abuse or neglect report involving a child or caretaker in the family that resulted in the child's death or permanent dysfunction of organ or limb; caretaker(s) unable or unwilling to stop the pattern of abuse/neglect in the family; caretaker(s) repeatedly justifies or tolerates this recurring pattern of abuse; caretaker(s) reports a personal history of parental abuse/neglect resulting in physical or scars due to severe maltreatment by parents.

Factor 20 Presence of a Paramour or Parent Substitute in the Home

Low

Risk: No paramour or parent substitute in the home; paramour/parent substitute in the home is viewed as supportive/stabilizing influence.

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Intermediate

Risk: Paramour or parent substitute is in the home on an infrequent basis and assumes only minimal caretaker responsibility for the child.

High

Risk: Paramour or parent substitute resides with the family and has a history of violence, criminal activity, child abuse or child neglect; paramour/parent substitute has a negative influence on the primary caretaker's level of child care.

Factor 21 Environmental Condition of Home

Low

Risk: Home is adequately maintained and structurally sound; utilities are available and functional, structurally sound, and functional; no serious health issues or safety defects observed in the home; no overcrowding and home has appropriate space and privacy; or home is adequately maintained for the most part, however, one or two minor safety or health hazards exist, representing only minor risk to the child; water, heat, electricity, and other major utilities are available and in working order most of the time; home is slightly overcrowded, family lacks privacy; several children/adults share average bedroom space.

Intermediate

Risk: Physical/structural problems, inoperable utilities, safety hazards, or sanitation problems exist in the home that require immediate remediation to prevent child accidents or illness; some utilities are shut off but are currently unnecessary due to weather conditions or other substitutes are in place; sanitary facilities and/or other essential utilities are inoperable but repairs are being accomplished; housekeeping issues exist with obvious safety hazards that are poorly guarded; family is crowded and home lacks privacy; children and/or caretakers of opposite sex may have to occupy the same beds or bedroom.

High

Risk: Home environment is hazardous, dilapidated or poorly maintained, posing an immediate and continuing threat to child; home is dangerously unsafe, beyond repair or condemned; living conditions are barely suitable for providing shelter; family has no residence or will imminently lose current residence; sanitary facilities are absent or inoperable and have not been repaired for considerable time; no utilities are available or functioning; and no plan exists to reinstate them; severe overcrowding in the home; unrelated adults and children of varying ages and opposite sex occupy the same bedroom space; dangerous social environment, e.g., crack house where violence prevails.

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Factor 22 Caretaker's Cooperation with Agency Staff and/or Service Plan

Low

Risk:

Client is fully and actively involved in case planning, services, and/or treatment; accepts and actively uses suitable services, including following through on tasks or on referrals to other service providers; keeps appointments, makes self available as needed, and follows directions to best of his/her ability; shows concern about impact of directions to best of his/her ability; shows concern about impact of services or treatment; complains about inadequate service when warranted; may not agree with everything suggested, but tries to be constructive in proposing alternatives; when problem in cooperation develops, there tend to be extenuating circumstances; or involved in planning and services, but lacks initiative and tends to hold back; client is not as fully or actively involved in case planning and/or services as (s)he could be; client is rather disorganized and/or somewhat ambivalent about services; accepts and uses suitable services, but does not always make best use of them or drops them too early; follows through on referrals, but sometimes not in a timely manner; makes appointments, but often postpones them and sometimes does not keep them at all; may cooperate satisfactorily with services for other family members, but may cooperate less well with personal services focused on self; tends to wait for caseworker to suggest and act; may complain without proposing alternative, but does accept advice.

Intermediate

Risk:

Only minimally involved in planning and services; passively resists cooperating or is argumentative at every stage; may accept services verbally, but does not use them or follow through on referrals or tasks without constant prodding and direct assistance (e.g., has to be taken there every time, even though own transportation can be arranged); often has to be cajoled, coerced, and/or chased after"; makes appointments, but rarely keeps them; does not reschedule in advance, even if there are extenuating circumstances; when services used, participates without much enthusiasm or at the minimum acceptance level, but generally does not refuse to accept services; does not act consistently hostile and does not actively sabotage services; agency able to remain in contact with client.

High

Risk:

Rejects any involvement with agency; actively or passively rejects any agency contact or involvement; may refuse to accept any service, or actively sabotages services when persuaded or coerced into using any; may threaten service providers or otherwise discourage them from engaging client in service; may not accept even being "led through" tasks; may have no reaction to

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admonitions or criticism at all; may display psychosomatic symptoms when confronted with need to act; client may be very difficult to contact or remain in contact with; is openly defiant in refusing to follow court ordered treatment plan.

Factor 25 Progress of Child/Family Treatment

Low

Risk: Factor is not applicable and/or service provisions are not necessary; caretaker is motivated to act in the best interests of the child, overcome problems, and successfully complete the service objectives; child and/or family has demonstrated the ability to address significant problems in a responsible manner when service needs have been identified; progress of child and/or family in the service plan poses no risk to child or family stability; or caretaker in the service plan has been open to intervention services and has cooperated with service plan task statements; child and/or family appears committed to completing all service objectives but has occasional problems meeting one or more of the service plan task statements; progress of the child and/or family in the service plan has stabilized the situation and reduced the risk of further harm of the child.

Intermediate

Risk: Caretaker has shown a pattern of passive resistance to the client service plan objectives but does not actively resist or sabotage the service tasks; caretaker is minimally committed to the client service plan objectives; caretaker, child, and/or family intentionally sabotages or fails to meet one or more of the client service objectives; caretaker, child, and/or family understands the purpose/focus of the client service plan but generally disagrees with the specific provision of services and the assigned tasks that will complete the service plan objectives; progress of the caretaker, child, and/or family in the client service plan has not stabilized the situation nor reduced the risk of further harm to the child.

High

Risk: Caretaker, child, and/or family has rejected client service plan objectives or takes an openly hostile attitude toward tasks assigned to complete; caretaker, child, and/or family has refused to perform tasks assigned or threatens purchase of service providers to discourage them, actively sabotaging client service plan objectives; caretaker, child and/or family repeatedly drops out of counseling, parent training, etc; progress of the caretaker, child and/or family in the client service plan has not stabilized the situation and current tasks assigned will not protect the child from further harm, resulting in additional objectives needing to be negotiated.